


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90026 028 ***150.00

DOCUMENT # P96000017733
 1. Entity Name
FOXWORTH IRRIGATION, INC.



Principal Place of Business: **1011 N DAVIS PENSACOLA FL 32504 US**
 Mailing Address: **PO BOX 2291 PENSACOLA FL 32513-2291 US**

50031923



1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State

4. FEI Number **59-3373317** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FOXWORTH, DAVID L
 1011 N. DAVIS HWY
 PENSACOLA FL 32501**

7. Name and Address of New Registered Agent
 Name: **Moore, Bill William W.**
 Street Address (P.O. Box Number is Not Acceptable): **1909 E Fisher St.**
 City: **Pensacola FL** Zip Code: **32503**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: *[Signature]* **President** DATE: **3/23/05**

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FOXWORTH, DAVID L	
STREET ADDRESS	5040 LANTAN DR.	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	MOORE, BILL	
STREET ADDRESS	1909 E. FISHER ST	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	S	<input type="checkbox"/> Delete
NAME	PITTMAN, TRAVIS	
STREET ADDRESS	3658 BOB TOLBERT RD.	
CITY-ST-ZIP	NAVALLA FL 32566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moore, William W.	
STREET ADDRESS	1909 E. Fisher St.	
CITY-ST-ZIP	Pensacola FL 32503	
TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harden, Ann	
STREET ADDRESS	3135 Hwy. 196	
CITY-ST-ZIP	Molino, FL 32577	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **William W Moore** DATE: **3/23/05** (850) 432-4711
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #