

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000017733

**FILED  
Jul 10, 2007  
Secretary of State**

**Entity Name:** FOXWORTH IRRIGATION, INC.

**Current Principal Place of Business:**

1011 N DAVIS  
PENSACOLA, FL 32504 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2291  
PENSACOLA, FL 325132291 US

**New Mailing Address:**

**FEI Number:** 59-3373317      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MOORE, WILLIAM W  
1909 E FISHER ST  
PENSACOLA, FL 32503 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: MOORE, BILL  
Address: 1909 E. FISHER ST  
City-St-Zip: PENSACOLA, FL 32503

Title: VP ( ) Delete  
Name: PITTMAN, TRAVIS  
Address: 3658 BOB TOLBERT RD  
City-St-Zip: NAVALLA, FL 32566

Title: S ( ) Delete  
Name: HARDEN, ANN  
Address: 3135 HWY 196  
City-St-Zip: MOLINO, FL 32577

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM W. MOORE

PRES

07/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date