

2007

PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90023 005 ***150.00

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1. Entity Name

QUALITY IRRIGATION, INC.

Principal Place of Business

~~4540 COUNTY ROAD 547 NORTH~~
~~DAVENPORT FL 33837~~

Mailing Address

P.O. BOX 1556
WINDEMERE FL 34786



2. Principal Place of Business - No P.O. Box #

6300 Oil Well Road

3. Mailing Address

Suite, Apt. #, etc.

Same as above

1st MOORE

CR2E034 (10/06)

City & State

Clermont, FL

City & State

4. FEI Number 59-3420348

Applied For

Not Applicable

Zip

34714

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARSON, WENDY E
4540 COUNTY ROAD 547 NORTH
DAVENPORT FL 33837
6300 Oil Well Road
Clermont, FL 34714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Wendy E. Carson 3/12/07

Signature, typed or printed name of registered agent and title if applicable.

(NO ... Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
PD	SIMPKINS, JONATHAN	P.O. BOX 1556	WINDERMERE FL 34786	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VSTD	CARSON, WENDY E	P.O. BOX 1556	WINDERMERE FL 34786	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Wendy E. Carson 3/12/07 4078367676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #