

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000024576

Entity Name: QUALITY IRRIGATION, INC.

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

6300 OIL WELL ROAD
CLERMONT, FL 34714 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1556
WINDEMERE, FL 34786

New Mailing Address:

FEI Number: 59-3420348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARSON, WENDY E
6300 OIL WELL ROAD
CLERMONT, FL 34714 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIMPKINS, JONATHAN
Address: P.O. BOX 1556
City-St-Zip: WINDERMERE, FL 34786

Title: VSTD () Delete
Name: CARSON, WENDY E
Address: P.O. BOX 1556
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SIMPKINS, JONATHAN PD
Address: P.O. BOX 1556
City-St-Zip: WINDERMERE, FL 34786

Title: VSTD (X) Change () Addition
Name: CARSON, WENDY E VSTD
Address: P.O. BOX 1556
City-St-Zip: WINDERMERE, FL 34786

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: WENDY E. CARSON

VSTD

04/21/2008

Electronic Signature of Signing Officer or Director

Date