## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000031702

6211 OAKCLUSTER

TAMPA, FL 33634

Address:

City-St-Zip:

Entity Name: SIMS IRRIGATION MANAGEMENT SERVICES, INC.

FILED Jan 12, 2005 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
6911 CON TAMPA, F		6911 CONATY DR TAMPA, FL 33634		
Current N	lailing Address:	New Mailing Addr	New Mailing Address:	
6911 CONATY RD TAMPA, FL 33634		6911 CONATY DR TAMPA, FL 33634		
FEI Number	: 59-3433611 FEI Number Applied	For ( ) FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of Current Registered A	Agent: Name and Address	s of New Registered Agent:	
	IATY RD L 33634 US e named entity submits this statemer	nt for the purpose of changing its registe	red office or registered agent, or both,	
	e of Florida.			
SIGNATU	RE: Electronic Signature of Regis	stered Agent	 Date	
Election Ca	mpaign Financing Trust Fund Contribution	-		
OFFICERS AND DIRECTORS:		ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD ( ) Delete SIMS, JOHNNY P 9728 N. ARMENIA AVE TAMPA, FL 33612	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD ( ) Delete SIMS, LEIGH M 3607 E. TAMPA CIRCLE TAMPA, FL 33629	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD ( ) Delete SIMS, ERIC P 16208 LETA TRACE CT. TAMPA, FL 33625	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	SD ( ) Delete SIMS, SCOTT R	Title: SD Name: SIMS. SC	(X) Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

16208 LETA TRACE CT.

TAMPA, FL 33625

SIGNATURE: JOHNNY P. SIMS PD 01/12/2005