


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000039934  
 1. Entity Name  
 IRRITECH IRRIGATION, INC.



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 2914 NW 11TH STREET 2914 NW 11TH STREET  
 CAPE CORAL, FL 33993 CAPE CORAL, FL 33993

**DO NOT WRITE IN THIS SPACE**



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0757349 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
 MEOLA, MARC L  
 2914 N.W. 11TH STREET  
 CAPE CORAL, FL 33909

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

1100000283820  
 04/01/05-80043-008 150.00

10. OFFICERS AND DIRECTORS

TITLE P  
 NAME MEOLA, MARC  
 STREET ADDRESS 2914 N.W. 11TH STREET  
 CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE T  
 NAME MEOLA, KIMBERLY  
 STREET ADDRESS 2914 NW 11TH STREET  
 CITY-ST-ZIP CAPE CORAL, FL 33993

TITLE \_\_\_\_\_  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
 NAME \_\_\_\_\_  
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TITLE \_\_\_\_\_  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Kimberly J. Meola* *Kimberly J. Meola*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *3-29-05* *772-7733*  
Daytime Phone #