2007 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT Sep 11, 2007 08:00 AM Secretary of State **DOCUMENT # P97000067125** 1. Entity Name WM. T. VARNELL IRRIGATION SERVICE, INC. Mailing Address Principal Place of Business 33229 DARBY TRAIL 33229 DARBY TRAIL DADE CITY, FL 33525 DADE CITY, FL 33525 CR2E034 (11/05) No Cha-P 07032007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3466981 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AUVIL, JON L DO NOT WRITE 37837 MERIDIAN AVENUE SUITE 314 IN THIS SPACE DADE CITY, FL 33525 3. 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. Signature, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when refretating) U00000773797 09/11/07-90006-023 550.00 FILE NOWIII FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITLE VARNELL, WM. T. NAME STREET ADDRESS 33229 DARBY TRAIL CITY-ST-ZP DADE CITY, FL 33525 TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HANF STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City-st-ZiP TITLE MAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 of 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Sep 4,07

352-588-2746

Daytimo Phone #