
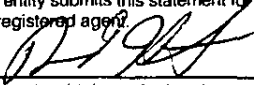



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # P98000026869		
1. Entity Name HETZEL IRRIGATION, INC.		
Principal Place of Business PO BOX 530427 LAKE PARK, FL 33403		Mailing Address PO BOX 530427 LAKE PARK, FL 33403
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HETZEL, DAVID W 413 NORTHLAKE DR NORTH PALM BEACH, FL 33408		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: <u>1/22/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000905884 05/01/08-80070-008 150.00
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	HETZEL, DAVID W	
STREET ADDRESS	413 NORTHLAKE DR	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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 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:  <u>David Hetzel</u>		Date: <u>1/22/08</u> Daytime Phone #: <u>561-8485140</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>