## 2007 FOR PROFIT CORPORATION ?..

FILED Feb 26, 2007 08:00 AM Secretary of State

DOCUMENT # P98000050445  1. Entity Name SANFORD IRRIGATION, INC.    Principal Place of Business   Mailing Address		ANNUAL F	REPORT		_		20, 200 / 00:0	
ADS KIMBERLY COURT SANFORD, FL 32771  DO NOT WRITE IN THIS SPACE    Applied For Sp-3522548   No. ChgP CR2E034 (11/05)	1. Entity Nam	0	45			S	ecretary of St	ta
DO NOT WRITE IN THIS SPACE    A. FEI Number   Applied For   Now Applicable	405 KIMBER	LY COURT	405 KIMBERLY COURT			)	FILE JUN 1888 DIAN ANDI AMBAL 11 (FI	
LYON, THOMAS E 405 KIMBERLY COURT SANFORD, FL 32771  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.  SIGNATURE.  Signature, typed or printer name of required agent and title ill applicable. (NOTE Registered Agent agenture required when randamy)  OATE  FILE NOW!!! FEE 18 \$150.00  After May 1, 2007 Fee will be \$850.00  9. Election Campaign Financing Trust Fund Contribution.  DFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  OBJECT AGORESS  GITY-51-2P  TITLE  INMAE  SIREL ADDRESS  GITY-51-2P  TITLE  MAME  SIREL ADDRESS  GITY-51-2P  TITLE  TITLE  THE  THE  THE  THE  THE  THE  THE	DO NOT WRITE IN THIS SPACE			CE	02172007 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For S9-3522548 Not Applied For Not Applicable  5. Certificate of Status Desired S8.75 Additional			
the obligations of registered agent.  SIGNATURE Signature. Typed or printed name of registered agent and tille if applicable. (NOTE Registered Agent signature reduced when reintalising)  PILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  INTEL ADDRESS CITY-S1-2IP  ITHE  MAME  SIREET ADDRESS CITY-S1-7IP  TITLE  MAME  SIREET ADDRESS CITY-S1-7IP  SIREET ADDRESS CITY-S	LYON, THOMAS E 405 KIMBERLY COURT							
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  1IILE  MAME  SIREET ADDRESS CITY-S1-ZIP  TITLE  MAME SIREET ADDRESS CITY-S1-ZIP  TITLE  MAME SIREET ADDRESS CITY-S1-ZIP  TITLE  MAME SIREET ADDRESS CITY-S1-ZIP  TITLE  MAME SIREET ADDRESS CITY-S1-ZIP  TITLE  MAME SIREET ADDRESS CITY-S1-ZIP  TITLE  MAME SIREET ADDRESS CITY-S1-ZIP  TITLE  MAME SIREET ADDRESS CITY-S1-ZIP  TITLE  MAME SIREET ADDRESS CITY-S1-ZIP  TITLE  MAME SIREET ADDRESS CITY-S1-ZIP  TITLE  MAME SIREET ADDRESS CITY-S1-ZIP  TITLE  MAME SIREET ADDRESS CITY-S1-ZIP  TITLE  TITLE  MAME SIREET ADDRESS CITY-S1-ZIP  TITLE  TITLE  MAME SIREET ADDRESS CITY-S1-ZIP  TITLE  TITLE  TITLE  TITLE  MAME SIREET ADDRESS CITY-S1-ZIP  TITLE	the obligati	ions of registered agent.				th, in the State of Flori		ot
IIILE PELYON, THOMAS STREET ADDRESS CITY-ST-2IP PELYON, THOMAS 405 KIMBERLY CT. SANFORD, FL 32771  IIILE NAME STREET ADDRESS CITY-ST-2IP  DO NOT WRITE IN THIS SPACE  IN THIS SPACE	FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finan			ncing _ \$5	.00 May Be			_
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.	OFFICERS AND DIR	ECTORS					_
NAME STREET ADDRESS CITY-ST-ZIP  TITLE  DO NOT WRITE IN THIS SPACE  IN THIS SPACE	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ELYON, THOMAS 405 KIMBERLY CT,				U00000 03/06/07-	647087 80058-017 150.00	
STREET ADDRESS  GITY-ST-ZIP  TITLE	TITLE NAME STREET ADDRESS CITY-ST-ZIP							
	STREET ADDRESS CATY-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 ampowered.

SIGNATURE:

STREET ADDRESS
CITY+ST+ZiP
TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00

407-328-1520

Daylime Phone #