2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000064307

FILED Jan 13, 2009 Secretary of State

Entity Name: SOMERS IRRIGATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 6353 U.S. 27 SOUTH 6353 U.S. 27 SOUTH SEBRING, FL 33870 SEBRING, FL 33876 **Current Mailing Address: New Mailing Address:** 6353 U.S. 27 SOUTH 6353 U.S. 27 SOUTH SEBRING, FL 33870 SEBRING, FL 33876 FEI Number: 65-0852184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SOMERS, JAMES SOMERS, JAMES 6353 U.S. 27 SOUTH 6353 U.S. 27 SOUTH SEBRING, FL 33870 US SEBRING, FL 33876 US 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. SIGNATURE: JAMES L. SOMERS VP 01/13/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SOMERS, JAMES E Name: Name: 140 LAGONI LANE Address: Address: City-St-Zip: LAKE PLACID, FL 33852 City-St-Zip: Title: Title: () Change () Addition () Delete Name: SOMERS, JAMES L Name: 164 LAGONI LANE Address: Address: LAKE PLACID, FL 33852 City-St-Zip: City-St-Zip:

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

SIGNATURE: JAMES L. SOMERS 01/13/2009 ٧