


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90049 036 \*\*\*150.00

<b>DOCUMENT # P99000007271</b> 1. Entity Name <b>EASTERN IRRIGATION SUPPLY, INC.</b>	
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Principal Place of Business <del>5028 SR 45</del> <b>5328 NW SR 45</b> <b>NEWBERRY, FL 32669</b>	Mailing Address <b>P O BOX 1089</b> <b>NEWBERRY, FL 32669</b>
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01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3552098</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BROWN, WILLIAM E</b> <b>29025 NW 32ND AVE</b> <b>NEWBERRY, FL 32669</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BROWN, NONA H</b> <b>29025 NW 32RD AVE</b> <b>NEWBERRY, FL 32669</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BROWN, CLIFTON A</b> <b>28819 NW 32ND AVE</b> <b>NEWBERRY, FL 32669</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOCHENS, HARRIET A</b> <b>3250 SOUTH DEXTER ST</b> <b>DENVER, CO 80222</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOCHENS, LES</b> <b>3250 SOUTH DEXTER ST</b> <b>DENVER, CO 80222</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: William E Brown 1/9/07 352-472-3323  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #