

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000007271

1. Entity Name
EASTERN IRRIGATION SUPPLY, INC.



Principal Place of Business

5328 NW 54th ST.
NEWBERRY, FL 32669

Mailing Address

P O BOX 1089
NEWBERRY, FL 32669

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

01-17-2007 90049 036 ***150.00



01052007 No Chg-P CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROWN, WILLIAM E
29025 NW 32ND AVE
NEWBERRY, FL 32669

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BROWN, NONA H
29025 NW 32RD AVE
NEWBERRY, FL 32669

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BROWN, CLIFTON A
28819 NW 32ND AVE
NEWBERRY, FL 32669

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JOCHENS, HARRIET A
3250 SOUTH DEXTER ST
DENVER, CO 80222

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JOCHENS, LES
3250 SOUTH DEXTER ST
DENVER, CO 80222

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/07

352-472-3323

Date

Daytime Phone #