

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # P99000007271

1. Entity Name
EASTERN IRRIGATION SUPPLY, INC.



Principal Place of Business
**5328 SR 45
NEWBERRY, FL 32669**

Mailing Address
**P O BOX 1089
NEWBERRY, FL 32669**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3552098

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	BROWN, NONA H
STREET ADDRESS	29025 NW 32RD AVE
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	S
NAME	BROWN, CLIFTON A
STREET ADDRESS	28819 NW 32ND AVE
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	D
NAME	JOCHENS, HARRIET A
STREET ADDRESS	3250 SOUTH DEXTER ST
CITY-ST-ZIP	DENVER, CO 80222
TITLE	D
NAME	JOCHENS, LES
STREET ADDRESS	3250 SOUTH DEXTER ST
CITY-ST-ZIP	DENVER, CO 80222
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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

1-7-08

Date

(352) 472-3323

Daytime Phone #