

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000007271

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: EASTERN IRRIGATION SUPPLY, INC.

## Current Principal Place of Business:

5328 SR 45  
NEWBERRY, FL 32669

## New Principal Place of Business:

5328 N.W. SR 45  
NEWBERRY, FL 32669

## Current Mailing Address:

P O BOX 1089  
NEWBERRY, FL 32669

## New Mailing Address:

FEI Number: 59-3552098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

01/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: BROWN, NONA H  
Address: 29025 NW 32RD AVE  
City-St-Zip: NEWBERRY, FL 32669

Title: S ( ) Delete  
Name: BROWN, CLIFTON A  
Address: 28819 NW 32ND AVE  
City-St-Zip: NEWBERRY, FL 32669

Title: D ( ) Delete  
Name: JOCHENS, HARRIET A  
Address: 3250 SOUTH DEXTER ST  
City-St-Zip: DENVER, CO 80222

Title: D ( ) Delete  
Name: JOCHENS, LES  
Address: 3250 SOUTH DEXTER ST  
City-St-Zip: DENVER, CO 80222

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition  
Name: HARRELL, LISA H  
Address: 9435 S. CR 231  
City-St-Zip: LAKE BUTLER, FL 32054

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: LISA H. HARRELL

T

01/29/2009

Electronic Signature of Signing Officer or Director

Date