## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000031530

**Entity Name: QUANTUM IRRIGATION INC** 

FILED Apr 17, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

619 N TAMIAMI TRAIL 3135 BOBCAT VILLAGE CTR RD NOKOMIS, FL 34275 NORTH PORT, FL 34288 US

Current Mailing Address: New Mailing Address:

619 N TAMIAMI TRAIL 3135 BOBCAT VILLAGE CTR RD NOKOMIS, FL 34275 NORTH PORT, FL 34288 US

FEI Number: 65-0900346 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CISERELLA, JOHN C
619 N TAMIAMI TRAIL
NOKOMIS, FL 34275 US
CISERELLA, JOHN C
3135 BOBCAT VILLAGE CTR RD
NORTH PORT, FL 34288 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: 04/17/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 CISERELLA, JOHN C
 Name:
 CISERELLA, JOHN C

 Address:
 619 N TAMIAMI TRAIL
 Address:
 13548 WAINWRIGHT AVE

City-St-Zip: NOKOMIS, FL 34275 City-St-Zip: PORT CHARLOTTE, FL 33953 US

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: DAVIDSON, LESLIE A Name: DAVIDSON, LESLIE A

Address: 619 N TAMIAMI TRAIL Address: 1490 CARSWELL STREET

City-St-Zip: NOKOMIS, FL 34275 City-St-Zip: PORT CHARLOTTE, FL 33953 US

Title: SEC ( ) Delete Title: SEC (X) Change ( ) Addition

Name:CISERELLA, JOHN C IIIName:CISERELLA, JOHN C IIIAddress:619 NORTH TAMIAMI TRAILAddress:13548 WAINWRIGHT AVECity-St-Zip:NOKOMIS, FL 34275City-St-Zip:PORT CHARLOTTE, FL 33953 US

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: LESLIE DAVIDSON VP 04/17/2008