2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

D OCU MENT # P99000047102 1. Entity Name						Secretary of State					
SOUTH DA	ADE IRRIGATION, INC.										
Principal Place 16505 S.W. 2 HOMESTEAD	92 TERR.	Maiking Address 16505 S.W. 292 TERR. HOMESTEAD FL 33033			-			-			
Principal Place of Business 3. Mailing Address											
Suste, Apt. #, etc.		Suite, Apt #, etc.							CR2E03	4 (11/03)	-
City & State		City & State				4. FEI	Number 65	-093009	97	}	oplied For
Zip Country		Zip	up Counti			5. Cer	tificate of Stat		Ø	\$8.75 Add	
	6. Name and Address of Current F	Registered Agent	3			7. Nan	ne and Addre	ss of New	Registere		•
		· · · · · · · · · · · · · · · · · · ·		Name							
1650	ES, ROSEMARY 5 S.W. 292 TERR. ESTEAD FL 33033			Street Address (P.O. Box Number is Not Acceptable)							
TIOW	E3 (EAD (E 33003			City					F	Zip Coc	íe
	named entity submits this statement for	the purpose of changing it	s register	ed office or re	gistere	ed agent	, or both, in th	e State of f			and accept
SIGNATURE	ingnature. Typed or printed name of registered agont a	nd tilla vi annicabia (NC	17F Barretare	ed Ageni signature r	ransidrad w	when coinct	arthra'i		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00							9. Electron (Dampaign F d Contribut	inancing	\$5.0	0 May Be d to Fees
	Payable to Florida Department of	<u> </u>				1000		20000			~~
10.	OFFICERS AND I	DIRECTORS Delete	11. m			ADDII	IONS/CHAN	GES 10 O	-HUERS A	ND DIRECTOR Change	☐ Addition
	JONES, BILLY C	E Detele	NAN	;			U	000000	19583		_
	16505 S.W. 292 TERR.		STR	EET ADORESS			01/29	3/04-80	0031-00)8 i58.7	5
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12 Charaby of	ertify that the information supplied with	this filing does not qualify	or the exe	emption stated	t in Sec	ction 135	107(3)(i) Flor	ida Statute	s literation o	ertify that the	Information

Thereby certify that the information supplied with this taking does not quality for the exemption stated in Section 1930/(3)(t), Horiza clatties. Truther 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: Bill Comes Sy 1-26-04 30-247-0132