

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000092525

1. Entity Name

IRRIGATION SOLUTIONS INC.



Principal Place of Business

453 GLENWOOD RD
DELAND, FL 32720

Mailing Address

453 GLENWOOD RD
DELAND, FL 32720



01242008

No Chg-P

CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3605818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SKAGGS, NATHAN
453 GLENWOOD RD
DELAND, FL 32720

**DO NOT WRITE
IN THIS SPACE**

6. 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, 2006 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	PV SKAGGS, NATHAN 453 GLENWOOD RD DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SKAGGS, JENNIFER 453 GLENWOOD RD DELAND, FL 32720
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IN THIS SPACE**

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04/13/06-80004-007 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jennifer Skaggs
Sec 1 Trs.

3-27-06

386
740 1820