


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90017 029 \*\*\*158.75

**DOCUMENT # S06466**  
 1. Entity Name  
**BRAKEFIELD IRRIGATION, INC.**



Principal Place of Business      Mailing Address  
 8650 W. JOSEPHINE RD.  
 SEBRING FL 33875  
 US



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/07)

City & State      City & State  
 Zip      Country      Zip      Country

4. FE# Number      Applied For  
**65-0245496**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**BRAKEFIELD, KASANDRA L**  
**8650 W. JOSEPHINE RD.**  
**SEBRING FL 33875**

7. Name and Address of New Registered Agent  
 Name: **Loie M. Brakefield**  
 Street Address (P.O. Box Number is Not Acceptable): **8650 W. Josephine Rd.**  
~~Sebring, FL 33875~~  
 City: **Sebring**      FL      Zip Code: **33875**

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]* **President**      DATE: **4/23/08**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BRAKEFIELD, KASANDRA L</b>	
STREET ADDRESS	<b>8650 W. JOSEPHINE RD.</b>	
CITY-ST-ZIP	<b>SEBRING FL 33875</b>	
TITLE	<b>VP President</b>	<input type="checkbox"/> Delete
NAME	<b>BRAKEFIELD, LOIE M</b>	
STREET ADDRESS	<b>8650 W. JOSEPHINE RD.</b>	
CITY-ST-ZIP	<b>SEBRING FL 33875</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<del>Loie M. Brakefield</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>Loie M. Brakefield</del>	
STREET ADDRESS	<del>8650 W. Josephine Rd.</del>	
CITY-ST-ZIP	<del>Sebring, FL 33875</del>	
TITLE	<b>President = P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Loie m. Brakefield</b>	
STREET ADDRESS	<b>8650 W. Josephine Rd.</b>	
CITY-ST-ZIP	<b>Sebring, FL 33875</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Please delete Kasandra L Brakefield as P = President.  
 Please make Loie m. Brakefield P = President

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]*      DATE: **4/23/08**      863-385-4171