

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 08, 2008 8:00 am
Secretary of State

07-15-2008 90063 030 ***158.75

DOCUMENT # S29019 1. Entity Name CENTRAL FLORIDA IRRIGATION SERVICES, INC.																																																																																			
Principal Place of Business 106 HWY 630 WEST FROSTPROOF FL 33843		Mailing Address 106 HWY 630 WEST FROSTPROOF FL 33843																																																																																	
2. Principal Place of Business - No P.O. Box # 106 Hwy 630 West		3. Mailing Address 106 Hwy 630 West																																																																																	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																	
City & State Frostproof FL		City & State Frostproof FL																																																																																	
Zip 33843		Zip 33843																																																																																	
Country US		Country US																																																																																	
4. FEI Number 59-3055339		Applied For <input type="checkbox"/> Not Applicable																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																	
6. Name and Address of Current Registered Agent HENSLEY, DEMPSEY P. 321 DON STREET FROSTPROOF FL 33843		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																	
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 <u>Dempsey Hensley</u> <u>Dempsey Hensley</u> <u>6/18/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																																																																																			
FILE NOW!!! FEE IS \$550.00 DUE BY September 3, 2008 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>																																																																																	
9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>S HENSLEY, PAULA D</td> <td>321 DON STREET</td> <td>FROSTPROOF FL 33843</td> <td></td> </tr> <tr> <td></td> <td>Owner - President</td> <td>Hensley, Dempsey</td> <td>321 Don St.</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>Frostproof FL 33843</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete		S HENSLEY, PAULA D	321 DON STREET	FROSTPROOF FL 33843			Owner - President	Hensley, Dempsey	321 Don St.	<input type="checkbox"/> Delete		Frostproof FL 33843								<input type="checkbox"/> Delete					<input type="checkbox"/> Delete					<input type="checkbox"/> Delete					<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
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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: <u>Dempsey Hensley</u> <u>Dempsey Hensley</u> <u>6/18/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>963-635-5286</u> <small>Date Day/Mo/Phone #</small>																																																																																	

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2nd MOORE CR2E034 (4/08)

ATTACHMENT 66015827#S29019

. 6/24/08. CORPORATE DETAIL RECORD SCREEN 8:54 AM
NUM: S29019 ST:FL ACTIVE/FL PROFIT FLD: 01/31/1991
LAST: REINSTATEMENT FLD: 07/01/1998
FEI#: 59-3055339
NAME : CENTRAL FLORIDA IRRIGATION SERVICES, INC.
PRINCIPAL: 106 HWY 630 WEST CHANGED: 03/15/05
ADDRESS FROSTPROOF, FL 33843
RA NAME : HENSLEY, DEMPSEY P.
RA ADDR : 321 DON STREET ADDR CHG: 07/01/98
FROSTPROOF, FL 33843 US
ANN REP : (2005) A 03/15/05 (2006) N 02/13/06 (2007) N 03/15/07

1. MENU, 3. OFFICERS, 4. EVENTS

ENTER SELECTION AND CR: