FILED
May 01, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F82215

1. Entity Name
KIRKLAND SOD, INC.

Principal Place of Business	Mailing Address
4328 STATE ROAD #44 NEW SMYRNA BCH, FL 32168	4328 STATE ROAD #44 NEW SMYRNA BCH, FL 32168

DO NOT WRITE IN THIS SPACE

04262006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2192306

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

KIRKLAND, ELMER R
4328 STR 44
NEW SMYRNA BCH, FL 32168

DO NOT WRITE IN THIS SPACE

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when addressing)

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

000000548353
05/12/06-80055-027 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KIRKLAND, FAY L
STREET ADDRESS	4328 STATE RD 44
CITY-ST-ZIP	NEW SMYRNA BEACH, FL
TITLE	S
NAME	SCHWARTZ, GLORIA J
STREET ADDRESS	295 FLORATAM TRAIL
CITY-ST-ZIP	NEW SMYRNA BEACH, FL
TITLE	D
NAME	KIRKLAND, ELMER R.
STREET ADDRESS	4328 STATE ROAD #44
CITY-ST-ZIP	NEW SMYRNA BEACH, FL
TITLE	V
NAME	KIRKLAND, WARD A
STREET ADDRESS	275 FLORATAM TRAIL
CITY-ST-ZIP	NEW SMYRNA BEACH, FL
TITLE	T
NAME	CARBAJAL, KAREN A.
STREET ADDRESS	308 FLORATAM TRAIL
CITY-ST-ZIP	NEW SMYRNA BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Fay L. Kirkland 4-26-06 386-428-9855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #