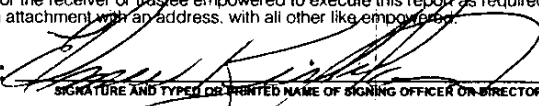


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90055 050 ***150.00

DOCUMENT # F82215 1. Entity Name KIRKLAND SOD, INC.					
Principal Place of Business 4328 STATE ROAD #44 NEW SMYRNA BCH, FL 32168			Mailing Address 4328 STATE ROAD #44 NEW SMYRNA BCH, FL 32168		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2192306	
Zip		Country		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				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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00					
9. Election Campaign Financing \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KIRKLAND, FAY L 4328 STATE RD 44 NEW SMYRNA BEACH, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SCHWARTZ, GLORIA J 293 FLORATAM TRAIL NEW SMYRNA BEACH, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIRKLAND, ELMER R. 4328 STATE ROAD #44 NEW SMYRNA BEACH, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KIRKLAND, WARD A 275 FLORATAM TRAIL NEW SMYRNA BEACH, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CARBAJAL, KAREN A. 305 FLORATAM TRAIL NEW SMYRNA BEACH, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Change ☐ Addition			
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:  2/21/07 386-8044 428-9855					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					