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	Mailing Address
4328 STATE ROAD #44 NEW SMYRNA BCH, FL 32168	4328 STATE ROAD #44 NEW SMYRNA BCH, FL 32168

01172007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
KIRKLAND, ELMER R 4328 STR 44 NEW SMYRNA BCH, FL 32168	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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KIRKLAND, FAY L		NAME		
STREET ADDRESS	4328 STATE RD 44		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SCHWARTZ, GLORIA J		NAME		
STREET ADDRESS	293 FLORATAM TRAIL		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KIRKLAND. ELMER R.		NAME		
STREET ADDRESS	4328 STATE ROAD #44		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KIRKLAND, WARD A		NAME		
STREET ADDRESS	275 FLORATAM TRAIL		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CARBAJAL, KAREN A.		NAME		
STREET ADDRESS	305 FLORATAM TRAIL		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: 2/21/07 — Daytime Phone: 386-[illegible] 428-7855