

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F82215

FILED
Apr 08, 2010
Secretary of State

Entity Name: KIRKLAND SOD, INC.

Current Principal Place of Business:

4328 STATE ROAD #44
NEW SMYRNA BCH, FL 32168

New Principal Place of Business:

4328 STATE ROAD #44
NEW SMYRNA BCH, FL 32168 US

Current Mailing Address:

4328 STATE ROAD #44
NEW SMYRNA BCH, FL 32168

New Mailing Address:

4328 STATE ROAD #44
NEW SMYRNA BCH, FL 32168 US

FEI Number: 59-2192306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRKLAND, FAY L
4328 SR 44
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES
Name: KIRKLAND, FAY L
Address: 140 SR 44
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: S
Name: SCHWARTZ, GLORIA J
Address: 293 FLORATAM TRAIL
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: D
Name: KIRKLAND, ELMER R.
Address: 4328 STATE ROAD #44
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: V
Name: KIRKLAND, WARD A
Address: 275 FLORATAM TRAIL
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: T
Name: CARBAJAL, KAREN A.
Address: 305 FLORATAM TRAIL
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FAY L. KIRKLAND

PRES

04/08/2010

Electronic Signature of Signing Officer or Director

_____ Date