


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90311 039 ***150.00

DOCUMENT # P0300024266

1. Entity Name
BROOKSIDE SOD ENT. CO.



Principal Place of Business Mailing Address

3416 HOLLAND DRIVE **POST OFFICE BOX 3344**
BRANDON, FL 33511 **BRANDON, FL 33509-3344**

17010016

2. Principal Place of Business 3. Mailing Address

3416 Holland Dr **P.O. Box 3344**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



04262004 Chg-P CR2E034 (10/03)

City & State City & State

Brandon, FL **Brandon**

4. FEI Number Applied For

542099427 Not Applicable

Zip Country Zip Country

33511 **Hillsborough** **33509** **Hillsborough**

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name **Richard K. Russello**
 Street Address (P.O. Box Number is Not Acceptable) **3416 Holland Dr.**
 City **Brandon** FL Zip Code **33511**

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 **Richard K. Russello** President **Richard K. Russello**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)
 DATE **4.27.04**

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing \$5.00 May Be

Trust Fund Contribution: Added to Fees:

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RUSSELLO, RICHARD K 3416 HOLLAND DRIVE BRANDON, FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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 609, 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: **Richard K. Russello** Date **4.27.04** Daytime Phone # **813-843-9237**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR