

2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 12, 2007
Secretary of State**

DOCUMENT# P04000126239

Entity Name: SOD CENTRAL, INC.

Current Principal Place of Business:

119 NW 68TH AVE.
SUITE B
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

119 NW 68TH AVE.
SUITE B
OCALA, FL 34482

New Mailing Address:

FEI Number: 20-1571827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: TOBIN, RANDALL
Address: 5001 SW 20TH ST UNIT 3703
City-St-Zip: Ocala, FL 34474

Title: VTD () Delete
Name: LEEDS, MATTHEW
Address: 5001 SW 20TH ST UNIT 3703
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MATTHEW LEEDS

VP

07/12/2007

Electronic Signature of Signing Officer or Director

_____ Date