

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90012 024 \*\*\*150.00

**DOCUMENT # 364974**

1. Entity Name  
**A-1 SOD INC**



Principal Place of Business  
**2201 N. CITRUS BLVD.  
LEESBURG, FL 34748 US**

Mailing Address  
**2201 N. CITRUS BLVD.  
LEESBURG, FL 34748 US**

**4000**



02152006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1295291**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**COTTOM, GLENN EDWARD  
2201 N. CITRUS BLVD.  
LEESBURG, FL 34748**

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME COTTOM, GEORGIA P.  
STREET ADDRESS 2201 N. CITRUS BLVD.  
CITY-ST-ZIP LEESBURG, FL 00000,

TITLE SD  
NAME COTTOM, GLENN E  
STREET ADDRESS 2201 N. CITRUS BLVD.  
CITY-ST-ZIP LEESBURG, FL 00000,

TITLE T  
NAME BEESLEY, DEBRA C.  
STREET ADDRESS 2201 N. CITRUS BLVD.  
CITY-ST-ZIP LEESBURG, FL

TITLE **VP**  
NAME COTTOM, GLENN H.  
STREET ADDRESS 2201 N. CITRUS BLVD.  
CITY-ST-ZIP LEESBURG, FL 34748

TITLE VP  
NAME SHOEMAKE, WENDY D  
STREET ADDRESS 2201 N. CITRUS BLVD.  
CITY-ST-ZIP LEESBURG, FL 34748

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

**3-13-06**

Date

**352-728-1924**

Daytime Phone #