


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 364974 1. Entity Name A-1 SOD INC	
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Principal Place of Business 2201 N. CITRUS BLVD. LEESBURG, FL 34748 US	Mailing Address 2201 N. CITRUS BLVD. LEESBURG, FL 34748 US
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04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1295291	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COTTOM, GLENN EDWARD 2201 N. CITRUS BLVD. LEESBURG, FL 34748	DO NOT WRITE IN THIS SPACE
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COTTOM, GEORGIA P. 2201 N. CITRUS BLVD. LEESBURG, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COTTOM, GLENN E 2201 N. CITRUS BLVD. LEESBURG, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEESLEY, DEBRA C. 2201 N. CITRUS BLVD. LEESBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COTTOM, GLENN H. 2201 N. CITRUS BLVD. LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHOEMAKE, WENDY D 2201 N. CITRUS BLVD. LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/15/07-80011-015 150.00

**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: Glenn E. Cottom 4-27-07 352-728-1924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #