2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 04, 2006 8:00 am Secretary of State **DOCUMENT # 376670** 1. Entity Name 05-04-2006 90215 031 ***158.75 R & D SOD FARMS, INC. Principal Place of Business Mailing Address 674 NW 113TH DR OKEECHOBEE FL 34972-8315 674 NW 113TH DR OKEECHOBEE FL 34972-8315 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1384334 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, EDWARD H Street Address (P.O. Box Number is Not Acceptable) 674 N. W. 113TH DRIVE **OKEECHOBEE FL 34972** Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Delete TITLE Change ☐ Addition DAVIS EDWARD JW 1310 NE 1445T DAVIS, EDWARD H NAME NAME STREET ADDRESS STREET ADDRESS 674 N.W. 113TH DRIVE CITY-ST-ZIP OKEECHOBEE FL CITY-ST-ZIP OKeechobee, FL 34972 TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition DAVIS, DIANE B. STREET ADDRESS STREET ADDRESS 674 N.W. 113TH DRIVE CITY-ST-ZIP OKEECHOBEE FL 34972 CITY-ST-ZIP TITLE Delete TITLE Addition DAVIS, EdWARD H DAVIS, EDWARD J W NAME STREET ADDRESS 1310 NE 144 ST STREET ADDRESS okeechobee FL 34972 CITY-ST-ZIP CITY-ST-71P OKEECHOBEE FL 34972 Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- 7/P

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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.