


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # 376670	
1. Entity Name R & D SOD FARMS, INC.	

Principal Place of Business 674 NW 113TH DR OKEECHOBEE, FL 34972-8315 US	Mailing Address 674 NW 113TH DR OKEECHOBEE, FL 34972-8315 US
--	--

DO NOT WRITE IN THIS SPACE



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1384334	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAVIS, EDWARD H 674 N. W. 113TH DRIVE OKEECHOBEE, FL 34972	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 _____ (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
---	--

10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, EDWARD JW 1310 NE 144 ST OKEECHOBEE, FL 34972	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIS, DIANE B. 674 N.W. 113TH DRIVE OKEECHOBEE, FL 34972	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, EDWARD H 674 NW 113 DRIVE OKEECHOBEE, FL 34972	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

U000000698577
04/19/07-80008-006 158.75

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: Diane B. Davis DIANE B. DAVIS 4/6/07 863/763-7882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #