


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90065 024 ***158.75

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
02272008	Chg-P CR2E034 (12/06)
4. FEI Number 59-1384334	Applied For 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	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	DAVIS, EDWARD JW	NAME	
STREET ADDRESS	1310 NE 144 ST	STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	DAVIS, DIANE B.	NAME	
STREET ADDRESS	674 N.W. 113TH DRIVE	STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	DAVIS, EDWARD H	NAME	
STREET ADDRESS	674 NW 113 DRIVE	STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 3/6/08 863/703-7882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #