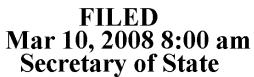
2008 FOR PROFIT CORPORATION ANNUAL REPORT



| DOCUMENT # 3/66/0 1. Entity Name R & D SOD FARMS, INC. | | | | | 03-10-2008 90065 024 ***158.75 | | | | | |
|---|--|--|---|-------------------|---|-----------------------|-------------------|-----------------------|---------------------------|--|
| Principal Place of Business 674 NW 113TH DR OKEECHOBEE, FL 34972-8315 US | | Mailing Address 674 NW 113TH DR OKEECHOBEE, FL 34972-8315 US | | | ; Dana ayan ayan kadii abka | L BUBH BÍÐH ÓSÐ | A RIBIN OFFIN OLO | 1 00 1 II 1305 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 02272008 | Chg-P | CR2E0 | 34 (12/06) | | |
| City & State | | City & State | | | 4. FEI Numbe 59-1384 | | | | plied For t Applicable | |
| Zip | Country | Country Zip Cou | | ry | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | itional | |
| | 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent Name | | | | | |
| DAVIS,ED | | | Street Address (P.O. Box Number is Not Acceptable | | | e) | | | | |
|] . | DBEE, FL 34972 | | City | | | | | Zip Code | | |
| : | · | | | | | | FL | · | | |
| 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 NOWILI FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | | | | | |
| 10. | OFFICERS AND | | 11. | | ADDITIONS/ | CHANGES TO OFF | ICERS AND | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | DAVIS, EDWARD JW 1310 NE 144 ST OKEECHOBEE, FL 34972 | ☐ Delete | | | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | STD DAVIS, DIANE B. 674 N.W. 113TH DRIVE OKEECHOBEE, FL 34972 | ☐ Delete | | | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DAVIS, EDWARD H 674 NW 113 DRIVE OKEECHOBEE, FL 34972 | ☐ Delete | | | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Detate | | 1 | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | i i | | | | □ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | | | ☐ Change | Addition | |
| 12. I hereby | certify that the information supplied wit | h this filing does not qualify for | r the exe | emptions containe | d in Chapter 119 | , Florida Statutes. I | further cer | tify that the in | nformation | |

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. Da SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR