2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 376670

Name:

Address: City-St-Zip: DAVIS, EDWARD H

674 NW 113 DRIVE

OKEECHOBEE, FL 34972

Entity Name: R & D SOD FARMS, INC.

FILED Apr 22, 2009 Secretary of State

| Littly Na | ille. Rado | JDTARWS, INC. | | | |
|---|--|---------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 674 NW 1 OKEECHO | 13TH DR OBEE, FL 349 | 728315 US | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| 674 NW 1 OKEECHO | 13TH DR OBEE, FL 349 | 728315 US | | | |
| FEI Number | : 59-1384334 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and | Address of | Current Registered Agent | t: Name and Address of | Name and Address of New Registered Agent: | |
| OKEECHO The above | 113TH DRIVE DBEE, FL 34S named entity e of Florida. | 72 US | the purpose of changing its registere | d office or registered agent, or both, | |
| SIGNATO | | nic Signature of Registered | Agent | Date | |
| Election Ca | mpaign Financir | ng Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD (DAVIS, EDWA 1310 NE 144 S OKEECHOBE | ST | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | STD (DAVIS, DIANE 674 N.W. 113 OKEECHOBE | TH DRIVE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: | VD (|) Delete | Title: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DIANE B. DAVIS STD 04/22/2009