

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 376670

Entity Name: R & D SOD FARMS, INC.

FILED  
Apr 22, 2009  
Secretary of State

**Current Principal Place of Business:**

674 NW 113TH DR  
OKEECHOBEE, FL 349728315 US

**New Principal Place of Business:**

**Current Mailing Address:**

674 NW 113TH DR  
OKEECHOBEE, FL 349728315 US

**New Mailing Address:**

FEI Number: 59-1384334      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DAVIS, EDWARD H  
674 N. W. 113TH DRIVE  
OKEECHOBEE, FL 34972 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DAVIS, EDWARD JW  
Address: 1310 NE 144 ST  
City-St-Zip: OKEECHOBEE, FL 34972

Title: STD ( ) Delete  
Name: DAVIS, DIANE B.  
Address: 674 N.W. 113TH DRIVE  
City-St-Zip: OKEECHOBEE, FL 34972

Title: VD ( ) Delete  
Name: DAVIS, EDWARD H  
Address: 674 NW 113 DRIVE  
City-St-Zip: OKEECHOBEE, FL 34972

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: DIANE B. DAVIS

STD

04/22/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date