

FILED
Apr 27, 2005 08:00 AM
Secretary of State

1. Entity Name
SOIL SYSTEMS, INC.

Principal Place of Business

S.R. 441
P.O. BOX 1111
APOPKA, FL 32704

Mailing Address

S.R. 441
P.O. BOX 1111
APOPKA, FL 32704-1111

DO NOT WRITE IN THIS SPACE



02172005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1357570

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent

ZURBOLA, STEVE J
595 N. LAKE AVENUE
APOPKA, FL 32712

**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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	ZURBOLA, DEBRA JANE
STREET ADDRESS	595 N. LAKE AVENUE
CITY-ST-ZIP	APOPKA, FL

TITLE	P
NAME	ZURBOLA, STEVE J.
STREET ADDRESS	595 N. LAKE AVENUE
CITY-ST-ZIP	APOPKA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000334225
04/27/05-80036-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE/OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR

Steve J. Zurbala

4/25/05

407-886-4977

Day

Daytime Phone #