

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90051 047 ***150.00

DOCUMENT # 431067

1. Entity Name
S & K SOD CO., INCORPORATED



Principal Place of Business
3200 CHAD LANE
KISSIMMEE, FL 34746

Mailing Address
3200 CHAD LANE
KISSIMMEE, FL 34746

30017251

2. Principal Place of Business
4100 CANOE CREEK RD

3. Mailing Address
4100 CANOE CREEK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102005 Chg-P CR25034 (10/03)

City & State
ST CLOUD

City & State
ST CLOUD

4. FEI Number
59-1850665

Applied For
Not Applicable

Zip Country
34772 USA

Zip Country
34772 USA

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

6. Name and Address of Current Registered Agent:

7. Name and Address of New Registered Agent

SMITH, DAVID A
3200 CHAD LANE
KISSIMMEE, FL 34746

Name address

DAVID SMITH change

Street Address (P.O. Box Number is Not Acceptable)

4800 CANOE CREEK RD

City ST CLOUD FL Zip Code 34772

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

David Smith

DAVID SMITH

2-10-05

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

(NOTE: Registered Agent signature required when reinstating)

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 PD ☐ Delete
NAME SMITH, DAVID A
STREET ADDRESS 3200 CHAD LANE
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE VD ☐ Delete
NAME SMITH, MARY VIANNE
STREET ADDRESS 3200 CHAD LANE
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Smith

DAVID SMITH

2-10-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #