## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # 550802 1. Entity Name HILLSIDE SOD FARMS, INC.



FILED Mar 14, 2006 08:00 AM Secretary of State

Principal Place of Business 1620 E STATE RD 46 GENEVA, FL 32732 Malling Address

1620 E STATE RD 46 GENEVA, FL 32732



03082006

Na Chg-P

CR2E034 (11/05)

4. FEI Number 59-1779710 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

5. Name and Address of Current Registered Agent

CHAUDOIN, EDWARD JAMES 3096 E OSCEOLA RD P. O. BOX 244 GENEVA, FL 32732

## DO NOT WRITE IN THIS SPACE

GENEVA, FL 32/32							
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or n	egistered agent,	or both, in the State of Fi	orlda. I am familiar	with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title i	applicable. (NOTE: Registered	Agent signature	negulred when reinsta	ning)	DATE	
	E NOWILL FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Added to Fee			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAUDOIN, EDWARD JAMES 3098 E OSCEOLA RD GENEVA, FL 32732		2 <del>1</del> .		រដែ <b>ង</b> វិធីវិធីវិធីវិធីវិធីវិធីវិធីវិធីវិធីវិធី	1467028	-
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				i i	N THIS SI	PACE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP					·		
TITLE NAME STREET ADDRESS CITY-ST-ZP						 	
12. Unereby of indicated	certify that the information supplied with this fi on this report or supplemental report is true a	ing does not qualify for the exe and accurate and that my signat	mptions cor ure shall hav	ntained in Chapt ve the same lega	ter 119, Florida Statutes. i al effect as il made under	I further certify that dath; that I am an o	the information fficer or director

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Musch 8, 2006 407-349-5678