

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F06246

Entity Name: SOD FARMS OF PALM CITY, INC.

**FILED**  
**Oct 03, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

400 SW BOAT RAMP AVE  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 363  
PALM CITY, FL 34991

**New Mailing Address:**

FEI Number: 59-2045251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KELLEY, RONALD  
317 PANTHER TRACE  
PORT ST. LUCIE, FL 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KELLEY, RONALD  
Address: 317 SW PANTHER TRACE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: V ( ) Delete  
Name: NEWBY, JOHN M  
Address: 830 S.W. DALTON  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D ( ) Delete  
Name: KELLEY, SHERRY  
Address: 317 PANTHER TRACE  
City-St-Zip: PORT ST. LUCIE, FL 34953

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

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

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

Title: D (X) Change ( ) Addition  
Name: KELLEY, KIMBER  
Address: 630 SW MCCOMB AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KIMBER KELLEY

D

10/03/2005

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

\_\_\_\_\_  
Date