2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# F06246

Entity Name: SOD FARMS OF PALM CITY, INC.

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

Election Campaign Financing Trust Fund Contribution ( ).

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, KIMBER
Address: 630 SW MCCOMB AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: S ( ) Delete
Name: KELLEY, SHERRY
Address: 317 SW PANTHER TRACE
City-St-Zip: PORT SAINT 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: ( ) 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: KIMBER KELLEY D 03/23/2009

Electronic Signature of Signing Officer or Director Date