2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State
09-10-2004 90008 050 ***150.00

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1. Entity Name
SOD SOLUTIONS, INC.

Principal Place of Business	Mailing Address
4885 SEE WEE RIAD AWENDAW, SC 29429	P.O. BOX 460 MT. PLEASANT, SC 29465

09012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 57-0998901 ☐ Applied For ☐ Not Applicable

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
DOUGLAS, GREG PMB 211 200 WINTER SPRINGS BLVD SUITE 106 OVIEDO, FL 32765	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDC WAGNER, TOBEY A 682 LEADER LANE MOUNT PLEASANT, SC 29464	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 735 olde Central Way
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WAGNER, LEE A 672 LEADER LANE MOUNT PLEASANT, SC 29464	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T ☒ Change ☐ Addition 735 olde Central Way
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREGG, THOMAS HENDRIX 117 HOLLOW COVE RD LEXINGTON, SC 29072	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOV HENDRIX, THOMAS C 7797 RUSSELL CREEK DRIVE EDISTO ISLAND, SC 29438	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DOUGLAS, GREGORY S 1309 COUNTRYWOOD CT MT PLEASENT, FL 29466	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Mount Pleasant, SC 29466
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Lee Ann Wagner 9-7-04 8438491288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #