
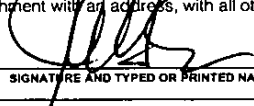


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90028 039 ***150.00

DOCUMENT # H33341 1. Entity Name CENTRAL FLORIDA SOD FARMS, INC.					
Principal Place of Business 301 SOUTH FEAGIN AVE AVON PARK, FL 33825			Mailing Address 301 SOUTH FEAGIN AVE AVON PARK, FL 33825		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 303 South Feagin Avenue			
City & State		City & State Avon Park, Florida		4. FEI Number 59-2475291	
Zip 33825		Country Highlands		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JEFFREY A HARSTINE 301 SOUTH FEAGIN AVE AVON PARK, FL 33825			7. Name and Address of New Registered Agent Name Jeffrey A Harstine Street Address (P.O. Box Number is Not Acceptable) 303 South Feagin Avenue City Avon Park FL Zip Code 33825		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, RODNEY A. <input type="checkbox"/> Delete 301 SOUTH FEAGIN AVE AVON PARK, FL 33825		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Davis, Rodney A 303 South Feagin Avenue Avon Park, Florida 33825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARSTINE, J. A. <input type="checkbox"/> Delete 301 SOUTH FEAGIN AVE AVON PARK, FL 33825		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Harstine, J A 303 South Feagin Avenue Avon Park, Florida 33825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  J.A. Harstine 1/5/06 465-4333 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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01052006 Chg-P CR2E034 (11/05)

Applied For
Not Applicable