

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # H33341

1. Entity Name
CENTRAL FLORIDA SOD FARMS, INC.



Principal Place of Business
**303 SOUTH FEAGIN AVE
AVON PARK, FL 33825**

Mailing Address
**303 SOUTH FEAGIN AVE
AVON PARK, FL 33825**



01252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2475291	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JEFFREY A HARSTINE
303 SOUTH FEAGIN AVE
AVON PARK, FL 33825**

**DO NOT WRITE
IN THIS SPACE**

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

02/20/08-80081-017 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIS, RODNEY A.
STREET ADDRESS	303 S FEAGIN AVE
CITY-ST-ZIP	AVON PARK, FL 33825

TITLE	STD
NAME	HARSTINE, J. A.
STREET ADDRESS	303 S FEAGIN AVE
CITY-ST-ZIP	AVON PARK, FL 33825

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J.A. Harstine
Jan 25, 08
863-452-2215