

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K01048

FILED  
Mar 28, 2011  
Secretary of State

**Entity Name:** CUSTOM SOD INSTALLATION, INC.

**Current Principal Place of Business:**

113 A E. NELSON AVENUE  
MELBOURNE, FL 32935

**New Principal Place of Business:**

113 A NELSON AVENUE  
MELBOURNE, FL 32935

**Current Mailing Address:**

113 A E. NELSON AVENUE  
MELBOURNE, FL 32935

**New Mailing Address:**

113 A NELSON AVENUE  
MELBOURNE, FL 32935

**FEI Number:** 59-2884646

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GEILICH, RALPH  
703 EAST NEW HAVEN AVE.  
MELBOURNE, FL 32902 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: PT  
Name: KING, JOHN F.  
Address: WHISPERING PINES LANE  
City-St-Zip: GRANT, FL

Title: VS  
Name: KING, CRAIG F.  
Address: WHISPERING PINES LANE  
City-St-Zip: GRANT, FL

I hereby 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 all other like empowered.

SIGNATURE: CRAIG KING

VS

03/28/2011

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

\_\_\_\_\_  
Date