2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000020568

1. Entity Name
SANTA ROSA SOD, INC.

Principal Place of Business	Mailing Address
5000 LUMAN SHELL RD. JAY, FL 32565	5000 LUMAN SHELL RD. JAY, FL 32565

01072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3635846
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCRAE, CHRISTOPHER T
1677 MAHAN CENTER BLVD.
TALLAHASSEE, FL 32301

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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 date if applicable. (HOME: Registered Agent signature required when necessary) Date)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** may be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	CARTER, KYLA W
STREET ADDRESS	5000 LUMAN SHELL RD.
CITY-ST-ZIP	JAY, FL 32565
TITLE	D
NAME	CARTER, PAULA W
STREET ADDRESS	5000 LUMAN SHELL RD.
CITY-ST-ZIP	JAY, FL 32565
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/07-80055-014 150.00

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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: Kyla W. Carter Kyla W. Carter 11/7/07 850-675-3881
Date Daytime Phone #