


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000061406		
1. Entity Name MCCALL SOD FARM, INC.		
Principal Place of Business 2704 MAULDEN ROAD SOUTHPORT, FL 32409	Mailing Address 2704 MAULDEN ROAD SOUTHPORT, FL 32409	
DO NOT WRITE IN THIS SPACE		03212005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3655351 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WEIDENHAFT, MARCIA 2704 MAULDEN ROAD SOUTHPORT, FL 32409		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		UG00000275509 05/25/05-80003-001 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SIMMONS, DOROTHY F 2923 KIRKWELL AVE. PANAMA CITY, FL 32405	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MAULDEN, JAMES W 3020 KINGS HARBOUR RD. PANAMA CITY, FL 32405	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>James W. Maulden</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-24-05 (850) 277-2230 Date Daytime Phone #