2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000061406

1. Entity Name
MCCALL SOD FARM, INC.

Principal Place of Business	Mailing Address
2704 MAULDEN ROAD SOUTHPORT, FL 32409	2704 MAULDEN ROAD SOUTHPORT, FL 32409

DO NOT WRITE IN THIS SPACE

02132007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3655351	Not Applicable

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

6. Name and Address of Current Registered Agent

WEIDENHAFT, MARCIA
2704 MAULDEN ROAD
SOUTHPORT, FL 32409

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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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

U00000639367
02/28/07--80023-010 150.00

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	STD
NAME	SIMMONS, DOROTHY F
STREET ADDRESS	2923 KIRKWELL AVE.
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	PD
NAME	MAULDEN, JAMES W
STREET ADDRESS	102 HARBOUR POINTE DR
CITY-ST-ZIP	LYNN HAVEN, FL 32444

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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: _____ James W. Maulden 2/16/07 (850)277-2230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #