

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P00000079709



1. Entity Name  
SOD SENSATIONS, INC.

Principal Place of Business  
1049 E. GARDEN PL.  
PAHOKEE, FL 33476

Mailing Address  
1049 E. GARDEN PL.  
PAHOKEE, FL 33476



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-1109885

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WISEMAN, CHARLES  
1049 E. GARDEN PL.  
PAHOKEE, FL 33476

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 state if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 P ☐ Delete  
NAME WISEMAN, CHARLES B  
STREET ADDRESS 1049 EAST GARDEN PL  
CITY-STATE-ZIP PAHOKEE, FL 33476

TITLE V ☐ Delete  
NAME LARRIMORE, DEBBIE  
STREET ADDRESS 1049 EAST GARDEN PL  
CITY-STATE-ZIP PAHOKEE, FL 33476

TITLE S ☐ Delete  
NAME WISEMAN, ERIC  
STREET ADDRESS 1049 EAST GARDEN PL  
CITY-STATE-ZIP PAHOKEE, FL 33476

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000667877  
CITY-STATE-ZIP 03/27/07-80007-013 150:00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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:

*Charles B. Wiseman*

*Charles B. Wiseman*

3/13/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #