


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90083 025 ***150.00


| | |
|---|---|
| DOCUMENT # P00000093130 |  |
| 1. Entity Name EDDY SOD, INC. | |

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| Principal Place of Business 25 COUNTY ROAD 15 BUNNELL, FL 32110 | Mailing Address 25 COUNTY ROAD 15 BUNNELL, FL 32110 |
|---|---|

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|---|---|
| 2. Principal Place of Business - No P.O. Box # 45 SETON TRAIL | 3. Mailing Address 45 SETON TRAIL |
| Suite, Apt. #, etc. SUITE 101 | Suite, Apt. #, etc. SUITE 101 |

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|---|---|
| City & State ORMOND BEACH, FL | City & State ORMOND BEACH, FL |
|---|---|

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|---------------------|-------------------------|---------------------|-------------------------|
| Zip 32176 | Country U.S.A | Zip 32176 | Country U.S.A |
|---------------------|-------------------------|---------------------|-------------------------|

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| 03182008 | Chg-P CR2E034 (12/06) |
| 4. FEI Number 59-3673996 | Applied For <input type="checkbox"/> Not Applicable |

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|---|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| EDDY, J.MICHAEL 45 SETON TRAIL, SUITE 101 ORMOND BEACH, FL 32176 | | 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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____

| | | |
|---|--|------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|--|---|--|--|---|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCVP EDDY, J. MICHAEL 45 SETON TRAIL, SUITE 101 ORMOND BEACH, FL 32176 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP EDDY, F. RAYMOND JR 25 COUNTY ROAD 15 BUNNELL, FL 32110 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 45 SETON TRAIL SUITE 101 ORMOND BEACH, FL 32176 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S EDDY, J.MICHAEL 45 SETON TRAIL, SUITE 101 ORMOND BEACH, FL 32176 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LANCING, ELIZABETH 25 COUNTY ROAD 15 BUNNELL, FL 32110 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | J EDDY J. MICHAEL 45 SETON TRAIL SUITE 101 ORMOND BEACH, FL 32176 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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:  **F. RAYMOND EDDY** **4/7/08** **386 677 3595**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #