

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000093130

Entity Name: EDDY SOD, INC.

FILED  
Jun 22, 2009  
Secretary of State

## Current Principal Place of Business:

45 SETON TRAIL  
STE 101  
ORMOND BEACH, FL 32176

## New Principal Place of Business:

## Current Mailing Address:

45 SETON TRAIL  
STE 101  
ORMOND BEACH, FL 32176

## New Mailing Address:

FEI Number: 59-3673996

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EDDY, J.MICHAEL  
45 SETON TRAIL, SUITE 101  
ORMOND BEACH, FL 32176 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DCVP ( ) Delete  
Name: EDDY, J. MICHAEL  
Address: 45 SETON TRAIL, SUITE 101  
City-St-Zip: ORMOND BEACH, FL 32176

Title: DP ( ) Delete  
Name: EDDY, F. RAYMOND JR  
Address: 45 SETON TRAIL STE 101  
City-St-Zip: ORMOND BEACH, FL 32176

Title: S ( ) Delete  
Name: EDDY, J.MICHAEL  
Address: 45 SETON TRAIL, SUITE 101  
City-St-Zip: ORMOND BEACH, FL 32176

Title: T ( ) Delete  
Name: MICHAEL, EDDY J  
Address: 45 SETON TRAIL STE 101  
City-St-Zip: ORMOND BEACH, FL 32176

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: F. RAYMOND EDDY JR.

DP

06/22/2009

Electronic Signature of Signing Officer or Director

Date