


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90173 011 \*\*\*150.00

<b>DOCUMENT # P00000111181</b> 1. Entity Name <b>JIMMY O'BRYAN SOD, INC.</b>					
Principal Place of Business <b>1115 MEADOW LARK LANE WINTER HAVEN, FL 33884</b>			Mailing Address <b>1115 MEADOW LARK LANE WINTER HAVEN, FL 33884</b>		
2. Principal Place of Business - No P.O. Box # <b>7223 LAKE ENDERLY DRIVE</b>		3. Mailing Address <b>PO BOX 40</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>BARTOW, FL</b>		City & State <b>ALTURAS, FL</b>		4. FEI Number <b>59-3684858</b>	
Zip <b>33830-9009</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33820-0040</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>O'BRYAN, JIMMY LEE JR 1115 MEADOW LARK LANE WINTER HAVEN, FL 33884</b>			7. Name and Address of New Registered Agent Name <b>O'BRYAN, JIMMY LEE JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>7223 LAKE ENDERLY DRIVE</b> City <b>BARTOW</b> <b>FL</b> Zip Code <b>33830-9009</b>		
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 <u><i>Jimmy O'Bryan</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4-13-07</u>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P O'BRYAN, JIMMY LEE JR 1115 MEADOW LARK LANE WINTER HAVEN, FL 33884</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O'BRYAN, JIMMY LEE JR 7223 LAKE ENDERLY DRIVE BARTOW, FL 33830</b> <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	
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	
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	
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	
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	
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: <u><i>Jimmy O'Bryan</i></u> <u><i>President</i></u> Date <u>4-13-07</u> Daytime Phone # <u>8635871421</u>					