

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000115639

1. Entity Name  
ROTH SOD, INC.



Principal Place of Business  
11380 PROSPERITY FARMS ROAD  
SUITE 201  
PALM BEACH GARDENS, FL 33410

Mailing Address  
11380 PROSPERITY FARMS ROAD  
SUITE 201  
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE IN THIS SPACE**



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1062630

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HELGESEN, ANDREW  
11380 PROSPERITY FARMS ROAD  
SUITE 201  
PALM BEACH GARDENS, FL 33410

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IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

000000019726  
01/29/04-80037-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME ROTH, RAYMOND R JR.  
STREET ADDRESS POST OFFICE BOX 1300  
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE D  
NAME LECROY, DENNIS E  
STREET ADDRESS P O BOX 1300  
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE D  
NAME ROTH, SUSAN KAY  
STREET ADDRESS P O BOX 1300  
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 live employees.

SIGNATURE:

*Raymond R. Roth Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/04

561-996-2991

Date

Daytime Phone #