


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000072823</b> 1. Entity Name <b>SUN SOD, INC.</b>	
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Principal Place of Business <b>14920 OKEECHOBEE BLVD LOXHATACHEE, FL 33470</b>	Mailing Address <b>14920 OKEECHOBEE BLVD LOXHATACHEE, FL 33470</b>
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03012006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1124903</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>RODRIGUEZ, MARIA E 14920 OKEECHOBEE BLVD LOXHATACHEE, FL 33470</b>
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IN THIS SPACE**

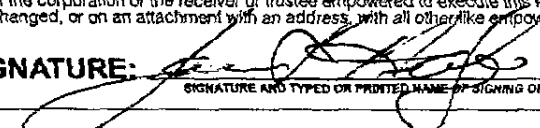
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MARIA E 14920 OKEECHOBEE BLVD LOXHATACHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, JAMES L JR 14920 OKEECHOBEE BLVD LOXHATACHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST RODRIGUEZ, MARIA E 14920 OKEECHOBEE BLVD LOXHATACHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HICKS, JAMES L JR 14920 OKEECHOBEE BLVD LOXHATACHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000486373  
04/13/06-80033-023 150.00

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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: 	Date <b>03/23/06</b>	Daytime Phone # <b>561-964-0906</b>