


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State


02-27-2004 90017 029 ***150.00

DOCUMENT # P01000098475	
1. Entity Name TRIPLE O SOD, INC.	

Principal Place of Business 1011 LONG BRANCH LANE OVIEDO FL 32765	Mailing Address 1011 LONG BRANCH LANE OVIEDO FL 32765
---	---

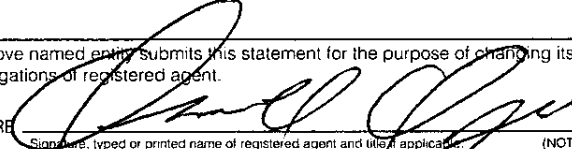
2. Principal Place of Business 343 VELVETEEEN PI	3. Mailing Address PO BOX 621968
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CHU/NOTA FL	City & State OVIEDO FL
Zip 32766	Zip 32762
Country	Country

	
MOORE	CR2E034 (11/03)

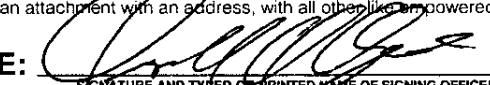
6. Name and Address of Current Registered Agent OJEDA, OSVALDO O 1011 LONG BRANCH LANE OVIEDO FL 32765	
--	--

4. FEI Number 59-3755039	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent 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 	DATE 2-23-04
<small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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 P	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME OJEDA, OSVALDO O		NAME MARIA OFELIA OJEDA	
STREET ADDRESS 1011 LONG BRANCH LANE		STREET ADDRESS 343 VELVETEEEN PLACE	
CITY-ST-ZIP OVIEDO FL 32765		CITY-ST-ZIP CHU/NOTA FL 32766	
TITLE NEW ADDRESS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS 343 VELVETEEEN PLACE		STREET ADDRESS	
CITY-ST-ZIP CHU/NOTA FL 32766		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 2-23-04 DAYTIME PHONE: 407-448-3199
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	