



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90039 032 ***150.00

DOCUMENT # P01000118769 1. Entity Name SOD SERVICES, INC.																							
Principal Place of Business 2104 SW 3RD STREET OKEECHOBEE, FL 34974			Mailing Address P.O. BOX 457 OKEECHOBEE, FL 34973																				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 03052004 Chg-P CR2E034 (10/03)																			
City & State		City & State																					
Zip	Country	Zip	Country																				
4. FEI Number 03-0378138				Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SHURLEY, JUDSON 2104 SW 3RD STREET OKEECHOBEE, FL 34974																			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> D <input checked="" type="checkbox"/> Delete </div> WILLIAMS, PAMELA S 208 N PARROTT AVE OKEECHOBEE, FL 34972 </td> <td style="width: 20%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> <div style="display: flex; justify-content: space-between;"> PD <input type="checkbox"/> Delete </div> SHURLEY, AMY M P.O. BOX 457 OKEECHOBEE, FL 34973 </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> <div style="display: flex; justify-content: space-between;"> VPD <input checked="" type="checkbox"/> Delete </div> RUCKS, AMANDA 8606 SW 2ND STREET OKEECHOBEE, FL 34974 </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> <div style="display: flex; justify-content: space-between;"> SD <input type="checkbox"/> Delete </div> SHURLEY, JUDSON P.O. BOX 457 OKEECHOBEE, FL 34973 </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> <div style="display: flex; justify-content: space-between;"> TD <input checked="" type="checkbox"/> Delete </div> ERIC RUCKS, JONATHON 8606 SW 2ND STREET OKEECHOBEE, FL 34974 </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete </div> </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>				TITLE	<div style="display: flex; justify-content: space-between;"> D <input checked="" type="checkbox"/> Delete </div> WILLIAMS, PAMELA S 208 N PARROTT AVE OKEECHOBEE, FL 34972	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<div style="display: flex; justify-content: space-between;"> PD <input type="checkbox"/> Delete </div> SHURLEY, AMY M P.O. BOX 457 OKEECHOBEE, FL 34973	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<div style="display: flex; justify-content: space-between;"> VPD <input checked="" type="checkbox"/> Delete </div> RUCKS, AMANDA 8606 SW 2ND STREET OKEECHOBEE, FL 34974	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<div style="display: flex; justify-content: space-between;"> SD <input type="checkbox"/> Delete </div> SHURLEY, JUDSON P.O. BOX 457 OKEECHOBEE, FL 34973	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<div style="display: flex; justify-content: space-between;"> TD <input checked="" type="checkbox"/> Delete </div> ERIC RUCKS, JONATHON 8606 SW 2ND STREET OKEECHOBEE, FL 34974	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete </div>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ 3/19/04 863 634 8324 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																					