

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90107 011 \*\*\*150.00

**DOCUMENT # P02000008931**

**1. Entity Name**  
**A AMERICAN SOD, INC.**



**Principal Place of Business**  
**1925 HWY 2297**  
**PANAMA CITY, FL 32404**

**Mailing Address**  
**P.O. BOX 3302**  
**PANAMA CITY, FL 32401**



03222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**01-0582599**

**Applied For**  
**Not Applicable**

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

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

**WOOD, MAJA H**  
**1925 HWY 2297**  
**PANAMA CITY, FL 32404**

**DO NOT WRITE  
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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**P**  
**NAME**  
**WOOD, WILLIAM A**  
**STREET ADDRESS**  
**1925 HWY 2297**  
**CITY-ST-ZIP**  
**PANAMA CITY, FL 32404**

**TITLE**  
**D**  
**NAME**  
**WOOD, MAJA H**  
**STREET ADDRESS**  
**1925 HWY 2297**  
**CITY-ST-ZIP**  
**PANAMA CITY, FL 32404**

**TITLE**  
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**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 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:**

*Maja Wood* **Maja H Wood Director**

4-17-06