


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000021505			
1. Entity Name SOUTHERN SOD, INC.			
Principal Place of Business 4804 LARK DRIVE ST. CLOUD, FL 34772		Mailing Address 4804 LARK DRIVE ST. CLOUD, FL 34772	
2. Principal Place of Business 10934 N.C.R 475 Suite, Apt. #, etc.		Mailing Address P.O. Box 422268 Suite, Apt. #, etc.	
City & State Oxford, FL		City & State Kissimmee, FL	
Zip 34484		Zip 34742	
Country Summer		Country Osceola	
4. FEI Number 30-0048693		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, TRAVIS 4804 LARK DRIVE ST. CLOUD, FL 34772		7. Name and Address of New Registered Agent Name: Nancy Johnson Street Address (P.O. Box Number is Not Acceptable): 10934 N.C.R 475 City: Oxford, FL Zip Code: 34484	
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: <i>Nancy K Johnson</i> DATE: 4-2-03			
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: D NAME: JOHNSON, TRAVIS STREET ADDRESS: 4804 LARK DRIVE CITY-ST-ZIP: ST. CLOUD, FL 34772	<input checked="" type="checkbox"/> Delete	TITLE: Nancy Johnson NAME: Nancy Johnson STREET ADDRESS: 10934 N.C.R 475 CITY-ST-ZIP: Oxford, FL 34484	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<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 the empowered.			
SIGNATURE: <i>Nancy K Johnson</i>		DATE: 4-2-03	

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CHECK HERE IF MAKING CHANGES

CREC034(1/0/02)