

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000098819	
1. Entity Name OSCEOLA SOD & IRRIGATION SERVICE, INC.	

Principal Place of Business 3700 SOUTH INDIANA AVENUE SAINT CLOUD FL 34769	Mailing Address 3700 SOUTH INDIANA AVENUE SAINT CLOUD FL 34769
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 42-1554013	Applied For ☐ Not Applied
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GLASHEEN, RODNEY 3700 SOUTH INDIANA AVENUE SAINT CLOUD FL 34769		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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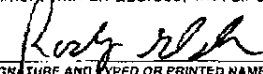
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLASHEEN, RODNEY 3700 SOUTH INDIANA AVENUE SAINT CLOUD FL 34769 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add 000000479407 04/10/06-80002-016 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRONSON-GLASHEEN, CYNTHIA 3700 SOUTH INDIANA AVENUE SAINT CLOUD FL 34769 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Rodney Glasheen, Pres.	Date: 03-20-06
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