

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2007 08:00 AM**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
 3700 SOUTH INDIANA AVENUE      3700 SOUTH INDIANA AVENUE  
 SAINT CLOUD, FL 34769              SAINT CLOUD, FL 34769

**DO NOT WRITE IN THIS SPACE**



07092007    No Chg-P    CR2E034 (11/05)

4. FEI Number 42-1554013	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GLASHEEN, RODNEY  
 3700 SOUTH INDIANA AVENUE  
 SAINT CLOUD, FL 34769

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GLASHEEN, RODNEY 3700 SOUTH INDIANA AVENUE SAINT CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BRONSON-GLASHEEN, CYNTHIA 3700 SOUTH INDIANA AVENUE SAINT CLOUD, FL 34769
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 07/12/07-80006-009 158.75

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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: Rodney Glasheen, Pres. July 9, 2007      407-908-4629  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #