


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000051321**  
 1. Entity Name  
**KEMPFER SOD COMPANY, INC.**



Principal Place of Business      Mailing Address  
**PO BOX 120083                      PO BOX 120083**  
**MELBOURNE, FL 32912-0083      MELBOURNE, FL 32912-0083**



01042006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number                      Applied For  
**42-1592429**                      Not Applicable

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

6. Name and Address of Current Registered Agent  
**ANDERSON, J. PATRICK**  
**930 S. HARBOR CITY BLVD.**  
**SUITE 505**  
**MELBOURNE, FL 32901**

**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 \_\_\_\_\_ (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**

1100000380152  
 01/11/06-80001-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMPFER, WILLIAM C 6254 KEMPFER ROAD ST. CLOUD, FL 34773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMPFER, G. REED 6254 KEMPFER ROAD ST. CLOUD, FL 34773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STORY, CLINT E P.O. BOX 121652 MELBOURNE, FL 329121652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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:** Clint Story      **Clint Story - Director**      1/6/06      321-726-0701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #