

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000051321

1. Entity Name
KEMPFER SOD COMPANY, INC.



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

Mailing Address
**PO BOX 120083
MELBOURNE, FL 32912-0083**



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
42-1592429

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000596359
01/23/07-00074-024 150.00

10. OFFICERS AND DIRECTORS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clint Story

1/18/07

Date

321-726-0701

Daytime Phone #