

608 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 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**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1592429	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

**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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

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	

000000783017
01/15/08-80098-001 150.00

**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

January 10, 2008 *321-726-0701*
Date Daytime Phone #