

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051321

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: KEMPFFER SOD COMPANY, INC.

## Current Principal Place of Business:

PO BOX 120083  
MELBOURNE, FL 329120083

## New Principal Place of Business:

9000 RADAR ROAD  
MELBOURNE, FL 32904

## Current Mailing Address:

PO BOX 120083  
MELBOURNE, FL 329120083

## New Mailing Address:

FEI Number: 42-1592429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK  
930 S. HARBOR CITY BLVD.  
SUITE 505  
MELBOURNE, FL 32901 US

## Name and Address of New Registered Agent:

NASH, CHARLES I  
440 SOUTH BABCOCK STREET  
MELBOURNE, FL 32901 US

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.

SIGNATURE: CHARLES NASH

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KEMPFFER, WILLIAM C  
Address: 6254 KEMPFFER ROAD  
City-St-Zip: ST. CLOUD, FL 34773

Title: D ( ) Delete  
Name: KEMPFFER, G. REED  
Address: 6254 KEMPFFER ROAD  
City-St-Zip: ST. CLOUD, FL 34773

Title: D ( ) Delete  
Name: STORY, CLINT E  
Address: P.O. BOX 121652  
City-St-Zip: MELBOURNE, FL 329121652

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLINT STORY

D

01/08/2009

Electronic Signature of Signing Officer or Director

Date