## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000088963

Entity Name: ST. JOE SODDING CORPORATION

FILED May 01, 2011 Secretary of State

| Current Principal Place of Business:   |                             | New Principal Place o         | of Business:                              |  |
|--|-----------------------------|-------------------------------|---|--|
| 15310 LAKE IOLA ROAD<br>DADE CITY, FL 33523  |                             |                               |   |  |
| Current Mailing Address:   |                             | New Mailing Address:          |   |  |
| P.O. BOX 962<br>SAN ANTONIO, FL 33576  |                             |                               |   |  |
| FEI Number: 20-0150654   | FEI Number Applied For ( )  | FEI Number Not Applicable ( ) | Certificate of Status Desired ( )         |  |
| Name and Address of Current Registered Agent:  |                             | Name and Address of           | Name and Address of New Registered Agent: |  |
| GANT, STEVEN W<br>15117 LAKE IOLA ROAD<br>DADE CITY, FL 33523  | 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:   |                             |                               |   |  |
| Electronic   | Signature of Registered Age | nt                            | Date                                      |  |
| OFFICERS AND DIRECT  | •••                         |                               |   |  |

## OFFICERS AND DIRECTORS:

Title:

 Name:
 GANT, AMANDA M

 Address:
 15117 LAKE IOLA ROAD

 City-St-Zip:
 DADE CITY, FL 33523

I hereby 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 all other like empowered.

SIGNATURE: AMANDA M GANT AMG 05/01/2011