


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000127852		
1. Entity Name DOUBLE D SOD COMPANY		

FILED

05 OCT 25 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 6816 SW CR 769 ARCADIA, FL 34269	Mailing Address 6816 SW CR 769 ARCADIA, FL 34269
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2. Principal Place of Business P.O. Box 11		3. Mailing Address P.O. Box 11	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NOCATEE FL		City & State NOCATEE FL	
Zip 34268	Country USA	Zip 34268	Country USA

10182005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1207175	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAUGHTREY, DWIGHT 6816 SW CR 769 ARCADIA, FL 34269		7. Name and Address of New Registered Agent Name ANDREW T AMES, CPA, CFP Street Address (P.O. Box Number is Not Acceptable) 128 W OAK ST City ARCADIA FL Zip Code 34266	
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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  DATE 10/15/2005
(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, RALPH SR PO BOX 11 NOCATEE, FL 34268 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000060921000 10/25/05--01054--001 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAUGHTREY, DWIGHT 6816 SW CR 769 ARCADIA, FL 34269 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RYAN FULLERTON PO BOX 11 NOCATEE FL 34268 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELLER, FAYE 6816 SW CR 769 ARCADIA, FL 34269 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLY JOHNSON PO BOX 11 NOCATEE FL 34268 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE 10/15/05 863-990-0116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #