## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**



## FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # P03000127852  1. Entity Name DOUBLE D SOD COMPANY					04-30-2007 90438 024 ***150.00			
Principal Place of Business P.O. BOX 11 NOCATEE, FL 34268		Mailing Address P.O. BOX 11 NOCATEE, FL 34268		I ICONTO	841ET 11111 BBM BBM 41	1405 11010 11011 10005 19101 01110 1140	1)#81      <b> </b> #81	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262007	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Numb 65-120			oplied For of Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent	1	7. Name and	Address of New	Registered Agent		
			Name					
AMES, ANDREW T CPA CFP 128 W. OAK ST. ARCADIA, FL 34266			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City	. FL Zip Code				
	named entity submits this statement fi	or the purpose of changing its r	egistered office or	registered agent, or bo	th, in the State of F	lorida. I am familiar with,	and accept	
SIGNATURE								
	Signature, typed or printed name of registered agen	t and title if applicable (NOTE:						
}	4	(NOTE:	negistereo Agerii signar	ure required when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaig	gn Financing	\$5.00 May Be Added to Fees		DATE		
	E NOW!!! FEE IS \$150.00	9. Election Campaig Trust Fund Contri	gn Financing	\$5.00 May Be Added to Fees	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaig Trust Fund Contri	gn Financing bution.	\$5.00 May Be Added to Fees	CHANGES TO OF		S IN 11	
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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: Balph of Ophier S. RALDH H JOHNSON SR. SIGNATURE AND STEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 863-990-0116 Daytime Phone #