

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90006 004 ***150.00

DOCUMENT # P04000002448

1. Entity Name

SOD SERVICES OF CENTRAL FLORIDA, INC.



Principal Place of Business

2250 ELLIE ROAD
AUBURNDALE FL 33823

Mailing Address

2250 ELLIE ROAD
AUBURNDALE FL 33823

54072197



MOORE

CR2E034 (4/04)

2. Principal Place of Business

2250 Ellie Road

Suite, Apt. #, etc.

3. Mailing Address

2250 Ellie Road

Suite, Apt. #, etc.

City & State

Auburndale Florida

City & State

Auburndale Florida

4. FEI Number

54-2436017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON III, MARVIN
2250 ELLIE ROAD
AUBURNDALE FL 33823

7. Name and Address of New Registered Agent

Name

Marvin O Johnson Kelley Johnson

Street Address (P.O. Box Number is Not Acceptable)

2250 Ellie Road

Auburndale FL

FL

Zip Code

33823

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, MARVIN O III	
STREET ADDRESS	2250 ELLIE ROAD	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOHNSON, KELLEY D	
STREET ADDRESS	2250 ELLIE ROAD	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kelley Johnson (VP) Kelley Johnson 8/23/04 863-287-8591

Attachment
54072197
#004000002448

SOD SERVICES OF CENTRAL FLORIDA, INC.
2250 ELLIE ROAD
AUBURNDALE, FLORIDA 33823
PHONE (863) 967-6263

August 23, 2004

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, Florida 32314

To Whom It May Concern;

I am sending in a payment of \$150.00 with my annual report. I spoke to one of your representatives who instructed me to write this letter.

We filled out our Incorporation papers in January. However, I did not receive anything on the Annual Report. Last month I received a card from you stating that I had not filled it out, it was not until then that I knew this had to be done. I mailed the card back to you and then received the enclosed form, which I am sending back to you now with a check in the amount of \$150.00.

Your representative said that this would wave the late fee. I apologize for not having this done, and will be sure to have this done next year.

Thank you so much for your help, the gentleman that helped me was very nice.

If you need to contact me you can reach me at 863-967-6263.

Sincerely,

Kelley D Johnson VP