## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000011895

HUGHES, TRACEY

PACE, FL 32571

4104 LAWRENCE AVE

Name:

Address: City-St-Zip:

Entity Name: TAMMYS LAWN AND SOD INC.

FILED May 02, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4392 TRAILER PARK COURT MILTON, FL 32583 **Current Mailing Address: New Mailing Address:** 4392 TRAILER PARK COURT MILTON, FL 32583 FEI Number: 56-2429221 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NELSON, TAMMY NELSON, TAMMY D 4392 TRAILER PARK COURT 4392 TRAILER PARK COURT MILTON, FL 32583 MILTON, FL 32583 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: TAMMY D. NELSON 05/02/2007 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition NELSON, TAMMY Name: Name: 4392 TRAILER PARK COURT Address: Address: City-St-Zip: MILTON, FL 32583 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: MORRIS, JAMES R Name: 5052 MATTHEW ROAD Address: Address: PACE, FL 32571 City-St-Zip: City-St-Zip: Title: Title: OF ( ) Delete () Change () Addition HOLMES, DAVID L Name: Name: 4324 GRANT ST Address: Address: City-St-Zip: MILTON, F 32571 City-St-Zip: Title: OF () Delete Title: () Change () Addition DEZMAN, DAVID Name: Name: Address: 4375 TRAILER PARK CT Address: City-St-Zip: MILTON, FL 32583 City-St-Zip: Title: ( ) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DAVID HOLMES OF 05/02/2007