

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90002 018 ***150.00

DOCUMENT # P04000021577

1. Entity Name
INTERCOASTAL SOD, INC.



Principal Place of Business
POST OFFICE BOX ~~7351~~
DAYTONA BEACH SHORES, FL 32116

Mailing Address
POST OFFICE BOX ~~7351~~
DAYTONA BEACH SHORES, FL 32116

2. Principal Place of Business
POST OFFICE BOX 9954

3. Mailing Address
POST OFFICE BOX 9954

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05092005

Chg-P

CR2E034 (10/03)

City & State
DAYTONA BEACH, FL

City & State
DAYTONA BEACH, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip
32120-9954

Country
U.S.A.

Zip
32120-9954

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MALLOCH, HUGH R.
110 FIESTA DRIVE
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MALLOCH, HUGH R
110 FIESTA DRIVE
ORMOND BEACH, FL 32174

☐ Delete

TITLE
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Hugh R. Malloch Director 7/6/05 (386) 676-9826