



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90207 045 ***150.00

DOCUMENT # P05000008725					
1. Entity Name JACKSONVILLE SOD COMPANY					
Principal Place of Business 1289 LOCH TANNA LOOP JACKSONVILLE, FL 32259			Mailing Address 1289 LOCH TANNA LOOP JACKSONVILLE, FL 32259		
2. Principal Place of Business - No P.O. Box # 5800 BEACH BWD.		3. Mailing Address 5800 BEACH BWD			
Suite, Apt. #, etc. SUITE 203-268		Suite, Apt. #, etc. SUITE 203-268			
City & State JACKSONVILLE		City & State JACKSONVILLE			
Zip FL		Country USA			
4. FEI Number 20-2168133		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03202007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent MILLER, FRANK E. 245 RIVERSIDE AVE., STE. 400 JACKSONVILLE, FL 32202					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMILEY, DOUGLAS V. 1289 LOCH TANNA LOOP JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 reports 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: _____ 4/17/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					