2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 8:00 am Secretary of State

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DOCUMENT # P05000008725 1. Entity Name JACKSONVILLE SOD COMPANY					04-25-200	_		50.00	
Principal Plac	e of Business	Mailing Address		ייני	U U				
5800 BEACH									
SUITE 203 268 SUITE 203 268									
JACKSONVILL	LE, FL 32259	JACKSONVILLE, FL 322	59	E (BERBEL 10 I	18191 SUN SOM SOM S	110 68 16 63 16) 6	#1): (#4:6. HEF: 6#	188) (1.189)	
Principal Place of Business - No P.O. Box # 3. Mailing Address									
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Suite, Apt. #, etc. Suite, Apt. #, etc.			•		01- D	0005	224 (40(00)		
				03272008	Chg-P	CRZE	034 (12/06)		
City & Stat	te	City & State		4. FEI Number	,		IAD	plied For	
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Zip	Country	Zíp	Country	20-2100	100				
Ziμ	Country	Zip	Country	5. Certificate of	of Status Desired		\$8.75 Add Fee Required		
			. ,					o	
	6. Name and Address of Current	t Registered Agent		7. Name and	Address of New	Registered	Agent		
1			Name						
MILLER, F			Street Addr	Street Address (P.O. Box Number is Not Acceptable)					
	RSIDE AVE., STE. 400		Street Addit	ess (P.O. Box Numbe	r is Not Acceptab	18)			
JACKSONVILLE, FL 32202								***************************************	
	5		City			FL	Zip Code	9	
			<u> </u>						
	named entify submits this statement f	or the purpose of changing its	registered office or reg	gistered agent, or both	i, in the State of F	lorida. Lam	familiar with.	and accept	
the obligat	tions of registered agent.								
	•								
SIGNATURE.		t and title if andicable (NOTE	Registered Agent signature re	equired whoo reinstating).	·	DATE			
SIGNATURE.	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE	: Registered Agent signature re	equired when reinstating)		DATE			
	Signature, typed or printed name of registered agen					DATE			
FIL	Signature, typed or printed name of registered agen	9. Election Campaig	gn Financing	\$5.00 May Be		DATE			
FIL	Signature, typed or printed name of registered agen	9. Election Campaig	gn Financing			DATE			
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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