

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90049 015 \*\*\*150.00

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01182008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P05000018137</b> 1. Entity Name FLORIDA SOD INC					
Principal Place of Business 335 SILVER LAKE ROAD LABELLE, FL 33935			Mailing Address PO BOX 404 LABELLE, FL 33975		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-2255115	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HIGGINBOTHAM & SOUD PA CPAS 150 SOUTH MAIN STREET SUITE 1 LABELLE, FL 33975				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>- FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
<b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
P ALDERMAN, DALE PO BOX 404 LABELLE, FL 33975		<input type="checkbox"/> Delete			
VP ALDERMAN, JENNIFER P. O. BOX 404 LABELLE, FL 33975		<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE</b>		Date: 01/28/08 Daytime Phone #: 803-075-7716			