# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**May 31, 2006**
**Secretary of State**

DOCUMENT# P05000052383

**Entity Name:** SOLOMON SOD WORK INC

**Current Principal Place of Business:**

2287 CHERVIL CT
MIDDLEBURG, FL 32068 US

**New Principal Place of Business:**

**Current Mailing Address:**

2287 CHERVIL CT
MIDDLEBURG, FL 32068 US

**New Mailing Address:**

**FEI Number: 33-1107634** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLOOMER, GEORGE M III
4429 CR 218 W
MIDDLEBURG, FL 32068 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: SOLOMON, DAVID A
Address: 2287 CHERVIL CT
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: VP ( ) Delete
Name: SOLOMON, GUSSIE L
Address: 2287 CHERVIL CT
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: D ( ) Delete
Name: OLIVER, GLENN
Address: 2798 FORMAN CIR
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: TUGGLES, PATRICK A
Address: 10717 MERIDA DR
City-St-Zip: JACKSONVILLE, FL 32218 US

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: DAVID A SOLOMON P 05/31/2006

Electronic Signature of Signing Officer or Director Date