


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000049508 1. Entity Name CIRCLE T SOD FARMS, INC	
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Principal Place of Business 7020 S MAXWELL POINT HOMOSASSA, FL 34446 US	Mailing Address 7020 S MAXWELL POINT HOMOSASSA, FL 34446 US
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DO NOT WRITE IN THIS SPACE



03212008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4648465	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

LETURNO, TRAVIS K
7020 S MAXWELL POINT
HOMOSASSA, FL 34446

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LETURNO, TRAVIS K 7020 S MAXWELL POINT HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LETURNO, LARRY R 7020 S MAXWELL POINT HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LETURNO, TRAVIS K 7020 S MAXWELL POINT HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA LETURNO, LARRY R 7020 S MAXWELL POINT HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/27/08-80025-017 150.00

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: Travis Leturno 4-30-08 352-628-5552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #