2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# P93000047465

Entity Name: SOD FARMS, INC.

Current Principal Place of Business:

1350 KENANSVILLE ROAD
KENANSVILLE, FL 34739

New Principal Place of Business:

1209 ILLINOIS AV
ST CLOUD, FL 34769

Current Mailing Address:

P O BOX 61
KENANSVILLE, FL 34739

New Mailing Address:

1209 ILLINOIS AV
ST CLOUD, FL 34769

FEI Number: 65-0419062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARD, STEVE
2932 ANNALEE ROAD
ST. CLOUD, FL 34771 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CARD, STEVE
Address: 2932 ANNALEE ROAD
City-St-Zip: ST. CLOUD, FL 34771

Title: D ( ) Delete
Name: HOLLEY, DANNIE
Address: 595 SKYWIND COURT
City-St-Zip: ST. CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: STEVE CARD D 04/14/2009
Electronic Signature of Signing Officer or Director Date