

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000085448

Entity Name: POLK SOD SERVICES, INC.

FILED
Jun 26, 2009
Secretary of State

Current Principal Place of Business:

5880 STATE ROAD 544
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

5880 STATE ROAD 544
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-3226701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKER, CHRISTINE L
5870 LAKE BUFFIN RD S
FORT MEADE, FL 33841 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: ST () Delete
Name: PARKER, CHRISTINE L
Address: 5870 LAKE BUFFIN RD S
City-St-Zip: FORT MEADE, FL 33841

Title: PD () Delete
Name: PIERCE, CURTIS C
Address: 1414 HARRIETT AVE.
City-St-Zip: HAINES CITY, FL 33844

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: PARKER, CHRISTINE L
Address: 5870 LAKE BUFFIN RD S
City-St-Zip: FORT MEADE, FL 33841

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

Title: S () Change (X) Addition
Name: KING, BONNIE J
Address: 1409 LOCKHART AVENUE
City-St-Zip: HAINES CITY, FL 33844

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: BONNIE J KING

S

06/26/2009

Electronic Signature of Signing Officer or Director

Date