


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000010203 1. Entity Name R & G SOD FARMS, INC.	
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Principal Place of Business 17824 79TH ST. FELLSMERE, FL 32948 US	Mailing Address P.O. BOX 869 LAKE WALES, FL 33859 US
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3225278	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RAFOOL, RAYMOND J II RAFOOL & RAFOOL, P.A. 1519 THIRD ST. SE WINTER HAVEN, FL 33880

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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000130341 04/26/04-80115-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RESMONDO, GARY L P O BOX 869 N/A LAKE WALES, FL 338590869
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRESSINGER, WILLIAM D JR P O BOX 869 N/A LAKE WALES, FL 338590869
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRESSINGER, WILLIAM D JR P O BOX 869 N/A LAKE WALES, FL 338590869
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **GARY L. Resmondo** 4/26/04 863-696-1597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #