

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P94000010832**

1. Entity Name

TRIPLE T SOD, INC.



Principal Place of Business

151 SE 80TH AVE  
OKEECHOBEE FL 34974

Mailing Address

151 SE 80TH AVE  
OKEECHOBEE FL 34974



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0466929

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARKEL, BARBARA  
3453 NW 160TH ST  
OKEECHOBEE FL 34972

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	THOMAS, ROY	
STREET ADDRESS	151 SE 80TH AVENUE	
CITY-STATE-ZIP	OKEECHOBEE FL 34974	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THOMAS, JEREMY LEE	
STREET ADDRESS	151 SE 80TH AVENUE	
CITY-STATE-ZIP	OKEECHOBEE FL 34974	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMAS, CORRIE SHANE	
STREET ADDRESS	151 SE 80TH AVENUE	
CITY-STATE-ZIP	OKEECHOBEE FL 34974	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

U00000808077  
02/07/08-80034-002 150.00  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Roy Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/08

5437638911

Date

Tracking Number