2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000066929

Entity Name: DESOTO SOD, INC.

FILED Apr 24, 2007 Secretary of State

Title: V () Delete Title: () Name: FREYTES, PAMELA C Name: Address: Address: City-St-Zip: Address: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: () Title: P () Delete Title: () Name: Address: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: () Title: S () Delete Title: () Name: Address: City-St-Zip: Address: City-St-Zip: Cit	
ARCADIA, FL 342668233 US Current Mailing Address: New Mailing Address: 3250 N.W. PEARCE ST. ARCADIA, FL 342668233 US FEI Number: 65-0524644 FEI Number Applied For () FEI Number Not Applicable () Name and Address of Current Registered Agent: WALDON, EUGENE E JR 124 NORTH BREVARD AVE. ARCADIA, FL 34266 US The above named entity submits this statement for the purpose of changing its registered or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Electron Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES Title: V () Delete Name: FREYTES, PAMELA C Name: Address: 124 HUNTLEY DRIVE Address: LAKE PLACID, FL 33852 Title: P () Delete Name: FREYTES, RAFAEL Address: 124 HUNTLEY DRIVE Address: 124 HUNTLEY DRIVE Address: 124 HUNTLEY DRIVE Address: 124 HUNTLEY DRIVE Name: FREYTES, RAFAEL Address: 124 HUNTLEY DRIVE Address: 125 LAKE PLACID, FL 33852 Title: S () Delete Name: FREYTES, RAFAEL Address: STEIN, JOSEPH L Name: STEIN, JOSEPH L Name: STEIN, JOSEPH L Name: STEIN, JOSEPH L Name: FREYTES, LINI Title: T () Name: FREYTES, LINI Name: FREYTES, LINI	Business:
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City-St-Zip: City-St-Zip: ZOLFO SPRING	ROAD

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH L. STEIN S 04/24/2007