2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000066929

FREYTES, LINDSAY A

3103 SASSER ROAD

ZOLFO SPRINGS, FL 33890

Name:

Address:

City-St-Zip:

Entity Name: DESOTO SOD, INC.

FILED May 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3250 NW PEARCE STREET ARCADIA, FL 342668233 US **Current Mailing Address: New Mailing Address:** 3250 NW PEARCE STREET ARCADIA, FL 342668233 US FEI Number: 65-0524644 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WALDON, EUGENE E JR 124 NORTH BREVARD AVE. ARCADIA, FL 34266 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition FREYTES, PAMELA C Name: Name: 124 HUNTLEY DRIVE Address: Address: City-St-Zip: LAKE PLACID, FL 33852 City-St-Zip: Title: Title: () Delete () Change () Addition Name: FREYTES, RAFAEL Name: 124 HUNTLEY DRIVE Address: Address: City-St-Zip: LAKE PLACID, FL 33852 City-St-Zip: Title: Title: () Delete () Change () Addition STEIN, JOSEPH L Name: Name: POST OFFICE BOX 1521 Address: Address: City-St-Zip: ARCADIA, FL 32466 City-St-Zip: () Delete Title: Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPH L. STEIN SEC 05/01/2008