


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90029 010 \*\*\*150.00

<b>DOCUMENT # P95000000230</b>	
1. Entity Name <b>HAPPY TRAILS SOD, INC.</b>	

40000511

Principal Place of Business <b>105 S. NARCISSUS AVE #412 W PALM BEACH, FL 33414</b>	Mailing Address <b>PO BOX 190 HAWTHORNE, FL 32640-0190</b>
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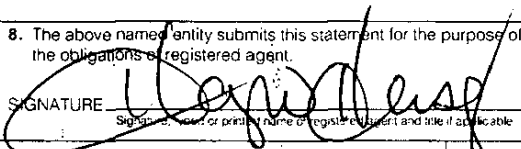
2. Principal Place of Business - No P.O. Box # <b>420 COLUMBIA DRIVE 110</b>	3. Mailing Address <b>420 COLUMBIA DRIVE 110</b>
Suite, Apt. #, etc. <b>110</b>	Suite, Apt. #, etc. <b>110</b>
City & State <b>West Palm Beach, FL</b>	City & State <b>West Palm Beach, FL</b>
Zip <b>33409</b>	Country <b>USA</b>

01072008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0546943</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>HERSEY, HARRY W 19223 N RIVERSIDE DRIVE TEQUESTA, FL 33469</b>	7. Name and Address of New Registered Agent Name <b>HARRY W HERSEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>420 COLUMBIA DRIVE #110</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33409</b>
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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 re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	ST HERSEY, HARRY W III 19223 N RIVERSIDE DRIVE TEQUESTA, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERSEY, MARTHA G 19223 N RIVERSIDE DRIVE TEQUESTA, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERSEY, TARRAH N 19223 N RIVERSIDE DRIVE TEQUESTA, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.

SIGNATURE:  Date Daytime Phone \*