


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90024 033 ***150.00

DOCUMENT # P95000EC7603 1. Entity Name G & R SOD & SUPPLY, INC.																									
Principal Place of Business 1 GREENWAY VILLAGE N., #103 ROYAL PALM BEACH FL 33411 US		Mailing Address P.O. BOX 211496 WEST PALM BEACH FL 33421 US <i>G & R Sod & Supply, INC.</i>																							
2. Principal Place of Business <i>G & R Sod & Supply, INC.</i> Suite, Apt. #, etc. 6374 188TH TRN		3. Mailing Address <i>P.O. Box 211496</i> Suite, Apt. #, etc.																							
City & State <i>LOXAHATCHEE, FL</i> Zip 33470		City & State <i>W. P. B. FL</i> Zip 33421																							
Country PB		Country PB																							
4. FEI Number 65-0557141		Applied For <input type="checkbox"/> Not Applicable																							
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																							
6. Name and Address of Current Registered Agent GRAVES, WAYMAN 1 GREENWAY VILLAGE NORTH APT. 103 ROYAL PALM BEACH FL 33411		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																							
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																							
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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)(i), 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: <i>Wayman Graves V.P.</i> 1/27/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																									