2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006
Secretary of State

DOCUMENT# P95000007600

Entity Name: G & R SOD & SUPPLY, INC.

Current Principal Place of Business:

6374 188 TRAIL NORTH
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 211496
WEST PALM BEACH, FL 334211496 US

New Mailing Address:

FEI Number: 65-0557141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAVES, WAYMAN
1 GREENWAY VILLAGE NORTH
APT. 103
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: GRAVES, BONNIE
Address: 6374 188TH TR N
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: P ( ) Delete
Name: RILEY, JOY
Address: 13898 COLUMBINE AVE.
City-St-Zip: WELLINGTON, FL 33414

Title: T ( ) Delete
Name: RILEY, CARL
Address: 13898 COLUMBINE AVE.
City-St-Zip: WELLINGTON, FL 33414

Title: VP ( ) Delete
Name: GRAVES, WAYMAN
Address: 6374 188TH TR N
City-St-Zip: LOXAHATCHEE, FL 33470 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: WAYMAN GRAVES VP 01/13/2006

Electronic Signature of Signing Officer or Director — Date