

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90042 038 \*\*\*150.00

DOCUMENT # P95000048038

1. Entity Name

DELACY FARM SOD, INC.



Principal Place of Business

Mailing Address

93-458 PEAVY RD  
HAVANA FL 32333  
US

93-458 PEAVY RD  
HAVANA FL 32333  
US



2. Principal Place of Business - No P.O. Box #

93 Peavy Rd

3. Mailing Address

93 Peavy Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Havana FL

City & State

Havana FL

4. FEI Number

59-3317659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PICKLES, LINDA P.  
458 PEAVY ROAD  
HAVANA FL 32333

7. Name and Address of New Registered Agent

Name Lynda P. Pickles

Street Address (P.O. Box Number is Not Acceptable)

458 Peavy Rd

City

Havana FL 32333 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

*Lynda P. Pickles* P/P/S

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-19-07

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTSD ☐ Delete  
NAME PICKLES, LYNDIA P  
STREET ADDRESS 458 PEAVY RD  
CITY- ST- ZIP HAVANA FL 32333

TITLE D ☐ Delete  
NAME PICKLES, JOSEPH D  
STREET ADDRESS 458 PEAVY RD  
CITY- ST- ZIP HAVANA FL 32333

TITLE D ☐ Delete  
NAME PICKLES, JOHN P  
STREET ADDRESS 458 PEAVY RD  
CITY- ST- ZIP HAVANA FL 32333

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

SIGNATURE:

*Lynda P. Pickles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-07

(850) 539-5008

Date

Daytime Phone #