

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 21 AM 8:00

DOCUMENT # P95000083475 1. Entity Name NORTH LAKE SOD, INC.					
Principal Place of Business 21540 WYGUL ROAD UMATILLA, FL 32784			Mailing Address 21540 WYGUL ROAD UMATILLA, FL 32784		
2. Principal Place of Business 802 Crestview Circle E		3. Mailing Address 802 Crestview Circle E			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Wildwood, Florida		City & State Wildwood, Florida		4. FEI Number 59-3345903	
Zip 34785		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARDS, LENARD L 21540 WYGUL ROAD UMATILLA, FL 32784			7. Name and Address of New Registered Agent Name Joe Reyneveld Street Address (P.O. Box Number is Not Acceptable) 802 Crestview Circle E. City Wildwood FL Zip Code 34785		
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) DATE</small>					
Amended AR is \$61.25		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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, LENARD L <input checked="" type="checkbox"/> Delete 21540 WYGUL ROAD UMATILLA, FL 32784		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Deanna L. Reyneveld <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 802 Crestview Circle E. Wildwood, FL 34785	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNEVELD, JOE <input type="checkbox"/> Delete 2003 SPRINGLAKE ROAD FRUITLAND PARK, FL 34731		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Joe Reyneveld <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 802 Crestview Circle E. Wildwood, FL 34785	
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 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: <u>Joe Reyneveld</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			(352) 748-2274 <small>Date Daytime Phone #</small>		