

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90057 018 ***150.00

DOCUMENT # P96000021007

1. Entity Name

BASS-CARLTON SOD, INC.



Principal Place of Business

P.O. BOX 420067
KISSIMMEE FL 34742-0067

Mailing Address

P.O. BOX 420067
KISSIMMEE FL 34742-0067

400000000



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3365036

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMPSON, NATHAN B
100 NORTH TAMPA STREET
SUITE 2700
TAMPA FL 33602

Name

Lowman, Jr, William R Esq

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

1000 Legion Place Suite 1700

City

Orlando

FL

Zip Code

32801

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

William R Lowman, Jr

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

(NOTE: Registered Agent signature required when reinstating)

1/24/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
HARRIS, LISA R
3554 FRIARS COVE RD
SAINT CLOUD FL 34772

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ROHDE, EDWIN H JR
4402 ROHDE RD
OKEECHOBEE FL 34972

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ROHDE, EDWIN H III
3600 LAKE TOHOPEKALIGA ROAD
ST CLOUD FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ROHDE, JOHN D
115 THREE CROSS DRIVE
OKEECHOBEE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ROHDE, NATHAN L
4400 RHODE ROAD
OKEECHOBEE FL 34972

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05

Date

407-892-7135

Daytime Phone #