

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000021007

Entity Name: BASS-CARLTON SOD, INC.

FILED
Jan 09, 2009
Secretary of State

Current Principal Place of Business:

P.O. BOX 420067
KISSIMMEE, FL 347420067

New Principal Place of Business:

3554 FRIARS COVE ROAD
SAINT CLOUD, FL 34772

Current Mailing Address:

P.O. BOX 420067
KISSIMMEE, FL 347420067

New Mailing Address:

FEI Number: 59-3365036 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWMAN, WILLIAM R ESQ
1000 LEGION PLAC SUITE 1700
ORLANDO, FL 32801 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: VSTD () Delete
Name: HARRIS, LISA R
Address: 3554 FRIARS COVE RD
City-St-Zip: SAINT CLOUD, FL 34772

Title: PD () Delete
Name: ROHDE, EDWIN H JR
Address: 4402 ROHDE RD
City-St-Zip: OKEECHOBEE, FL 34972

Title: VD () Delete
Name: ROHDE, EDWIN H III
Address: 3600 LAKE TOHOPEKALIGA ROAD
City-St-Zip: ST CLOUD, FL

Title: VD () Delete
Name: ROHDE, JOHN D
Address: 115 THREE CROSS DRIVE
City-St-Zip: OKEECHOBEE, FL

Title: VD () Delete
Name: ROHDE, NATHAN L
Address: 4400 RHODE ROAD
City-St-Zip: OKEECHOBEE, FL 34972

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: LISA R. HARRIS

VSTD

01/09/2009

Electronic Signature of Signing Officer or Director

_____ Date