

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000077292**

1. Entity Name  
**E AND J SOD CORP.**



Principal Place of Business

**4206 WEST ALVA ST.  
TAMPA, FL 33614**

Mailing Address

**4206 WEST ALVA ST.  
TAMPA, FL 33614**

**DO NOT WRITE IN THIS SPACE**



04052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3466749**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BELLO, ELISEO R  
3128 W. IDLEWILD AVENUE  
TAMPA, FL 33614**

**DO NOT WRITE  
IN THIS SPACE**

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 this statement.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	BELLO, ELISEO R
STREET ADDRESS	3128 W. IDLEWILD AVENUE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	VPS
NAME	BELLO, JUAN C.
STREET ADDRESS	3110 WEST IDLEWILD AVENUE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/06-80016-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

**SIGNATURE:** *Eliseo Bello* **ELISEO BELLO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/6/06* **4/6/06**

Date

*813-873-7715* **813-873-7715**

Daytime Phone