


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90470 035 ***158.75

DOCUMENT # P97000079358 1. Entity Name SOD BUSTERS, INC.					
Principal Place of Business 21225 COUNTY RD. 455 CLERMONT, FL 34711 US			Mailing Address 2300 ROBERT D RD MOUNT DORA, FL 32757 US		
2. Principal Place of Business 21255 County Rd 455		3. Mailing Address Suite, Apt. #, etc.			
City & State CLERMONT		City & State FL		4. FEI Number 59-3467624	
Zip 34715		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEASLEY, BONNIE J 21225 COUNTY RD. 455 CLERMONT, FL 34711				7. Name and Address of New Registered Agent Name Sodbusters Inc Street Address (P.O. Box Number is Not Acceptable) 21255 County Rd 455 City CLERMONT	
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 <u>BONNIE J BEASLEY</u> <u>Bonnie J Beasley</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	P BEASLEY, GEORGE 2300 ROBERT D RD MOUNT DORA, FL 32757	<input type="checkbox"/> Delete			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	VP BEASLEY, BONNIE 2300 ROBERT D RD MOUNT DORA, FL 32757	<input type="checkbox"/> Delete			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	E BEASLEY, GEORGE B JR. 21225 COUNTY RD. 455 CLERMONT, FL 34711	<input type="checkbox"/> Delete			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	E BEASLEY, BLAIR S 2577 WASHINGTON RD. MOUNT DORA, FL 32757	<input type="checkbox"/> Delete			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	P BEASLEY, GEORGE 21255 COUNTY Rd 455 CLERMONT FL 34715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	BEASLEY, BONNIE 21255 County Rd 455 CLERMONT, FL 34715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	S BEASLEY, GEORGE JR 21255 COUNTY Rd 455 CLERMONT FL 34715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	T BEASLEY, BLAIR 2577 WASHINGTON RD MT DORA FL 32757	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
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 all other like empowered.					
SIGNATURE: <u>Bonnie Beasley</u> <u>BONNIE BEASLEY</u> <u>4/27/06</u> <u>352 344-7819</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					