

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90190 017 ***150.00

DOCUMENT # P98000013094

1. Entity Name
**SODMASTERS LANDSCAPING & IRRIGATION OF THE
FLORIDA KEYS INC.**



Principal Place of Business
**5650 5TH AVE
STOCK ISLAND
KEY WEST, FL 33040**

Mailing Address
**P.O. BOX 420184
SUMMERLAND KEY, FL 33042**

62000004



2. Principal Place of Business
**5675 - 5TH AVENUE
STOCK ISLAND**

3. Mailing Address
**5675 - 5TH AVENUE
STOCK ISLAND**

04262004 Chg-P CR2E034 (10/03)

City & State
KEY WEST FL 33040

City & State
KEY WEST FL 33040

4. FEI Number
65-0811976

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RITSON, BRUCE
RITSON & COMPANY, P.A.
513 WHITEHEAD STREET
KEY WEST, FL 33040**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MC CASLAND, BRIAN**
STREET ADDRESS **DISTURBED PINE RD**
CITY-ST-ZIP **CUDJOE KEY, FL 33042**

TITLE **STD** ☐ Delete
NAME **MC CASLAND, CATHY ANN**
STREET ADDRESS **DISTURBED PINE RD**
CITY-ST-ZIP **CUDJOE KEY, FL 33042**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: Cathy McCasland, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/2004

Date

305/294-6313

Daytime Phone #