

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000013094

FILED
May 01, 2005
Secretary of State

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

Current Principal Place of Business:

5675 5TH AVE
STOCK ISLAND
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

5675 5TH AVE
STOCK ISLAND
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0811976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MEYERS, MARY BETH CPA
3201 FLAGLER AVENUE
SUITE 506
KEY WEST, FL 33040 US

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: MARY BETH MEYERS

05/01/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MC CASLAND, BRIAN
Address: DISTURBED PINE RD
City-St-Zip: CUDJOE KEY, FL 33042

Title: STD () Delete
Name: MC CASLAND, CATHY ANN
Address: DISTURBED PINE RD
City-St-Zip: CUDJOE KEY, FL 33042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: BRIAN MCCASLAND

PD

05/01/2005

Electronic Signature of Signing Officer or Director

Date