

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000013094

FILED  
Apr 30, 2008  
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:

35 BARCELONA DRIVE  
BIG COPPITT KEY  
KEY WEST, FL 33040

## Current Mailing Address:

5675 5TH AVE  
STOCK ISLAND  
KEY WEST, FL 33040

## New Mailing Address:

35 BARCELONA DRIVE  
BIG COPPITT KEY  
KEY WEST, FL 33040

FEI Number: 65-0811976

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

MICHAELE MEADOWS INC.  
5 ELMONTE  
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: MICHAELE MEADOWS

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: PERRY, JAKE  
Address: 1 VENTANA LANE  
City-St-Zip: KEY WEST, FL 33040

Title: VP ( ) Delete  
Name: LEWIS, HEATH  
Address: 5675 5TH AVENUE  
City-St-Zip: STOCK ISLAND, FL 33040

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: LEWIS, HEATH  
Address: 35 BARCELONA DRIVE  
City-St-Zip: KEY WEST, FL 33040

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: JACOB PERRY

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date