

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000056627

Entity Name: D.W. SOD COMPANY, INC.

FILED
Apr 11, 2006
Secretary of State

Current Principal Place of Business:

208 N. PARROTT AVE.
OKEECHOBEE, FL 34974

New Principal Place of Business:

202 N. PARROTT AVENUE
OKEECHOBEE, FL 34974

Current Mailing Address:

208 N. PARROTT AVE.
OKEECHOBEE, FL 34974

New Mailing Address:

P.O. BOX 1309
OKEECHOBEE, FL 34973

FEI Number: 65-0964703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, DAVID H
208 N. PARROTT AVE.
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

WILLIAMS, DAVID H
419 S.W. 2ND AVENUE
OKEECHOBEE, FL 34974 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: DAVID H. WILLIAMS

04/11/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, DAVID H
Address: 208 N. PARROTT AVE.
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: WILLIAMS, PAMELA S
Address: 208 N. PARROTT AVE.
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILLIAMS, DAVID H
Address: P.O. BOX 1309
City-St-Zip: OKEECHOBEE, FL 34973

Title: D (X) Change () Addition
Name: WILLIAMS, PAMELA S
Address: P.O. BOX 1309
City-St-Zip: OKEECHOBEE, FL 34973

I hereby certify that the information supplied with this filing does not qualify for the 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: PAMELA S. WILLIAMS

D

04/11/2006

Electronic Signature of Signing Officer or Director

Date