## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000056627

City-St-Zip:

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

**FILED** Mar 29, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 202 N. PARROTT AVENUE OKEECHOBEE, FL 34974 **Current Mailing Address: 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: Name and Address of New Registered Agent: WILLIAMS, DAVID H WILLIAMS, DAVID H 419 S.W. 2ND AVENUE 414 SOUTH PARROTT AVE OKEECHOBEE, FL 34974 US SUITE A 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: 03/29/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition WILLIAMS, DAVID H Name: Name: P.O. BOX 1309 Address: Address: City-St-Zip: OKEECHOBEE, FL 34973 City-St-Zip: Title: Title: () Change () Addition () Delete Name: WILLIAMS, PAMELA S Name: P.O. BOX 1309 Address: Address: OKEECHOBEE, FL 34973

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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.

VΡ SIGNATURE: PAMELA S. WILLIAMS 03/29/2007