

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000056627

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

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

202 N. PARROTT AVENUE  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1309  
OKEECHOBEE, FL 34973

**New Mailing Address:**

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  
414 SOUTH PARROTT AVE  
SUITE A  
OKEECHOBEE, FL 34974 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: PAMELA S WILLIAMS

MGR

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date