
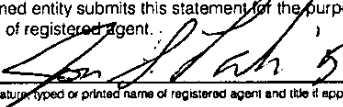



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90221 045 \*\*\*150.00

<b>DOCUMENT # P99000068747</b> 1. Entity Name <b>WEST FLORIDA SOD, INC.</b>																													
Principal Place of Business <b>37746 SOUTHVIEW AVENUE DADE CITY, FL 33525</b>			Mailing Address <b>P O BOX 381 DADE CITY, FL 33526</b>																										
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country																											
4. FEI Number <b>59-3598094</b>				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04252005    Chg-P    CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent  <b>AUVIL, JON L 37837 MERIDIAN AVENUE SUITE 314 DADE CITY, FL 33525</b>			7. Name and Address of New Registered Agent Name <b>Jon S. Larkin, III</b> Street Address (P.O. Box Number is Not Acceptable) <b>37746 Southview Ave.</b> City      State      Zip Code <b>Dade City      FL      33525</b>																										
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  <b>Jon S. Larkin, III</b> <b>4/26/05</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.																											
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
<b>SIGNATURE:</b> 		<b>Jon S. Larkin, III</b>		<b>4/26/05</b>																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>																									