


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-16-2004 90109 028 ****61.25

DOCUMENT # U00037					
1. Entity Name FLORIDA SOD GROWERS COOPERATIVE, INC.					
Principal Place of Business 4002 TEAK COURT LABELLE, FL 33935 US			Mailing Address P.O. BOX 217 LABELLE, FL 33975 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0162549	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBBINS, R. JAMES JR 101 EAST KENNEDY BOULEVARD SUITE 3700 TAMPA, FL 33602-0000			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DYMOND, DAVID		NAME		
STREET ADDRESS	4699 CANOE CREEK ROAD		STREET ADDRESS		
CITY-ST-ZIP	KENANSVILLE, FL 34739		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JUMPER, ARLEN		NAME		
STREET ADDRESS	12851 NE CR 128		STREET ADDRESS		
CITY-ST-ZIP	FT MCCOY, FL 32134		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRUENOW, KEITH		NAME		
STREET ADDRESS	28714 OAK SHADOW LANE		STREET ADDRESS		
CITY-ST-ZIP	MT DORA, FL 32757		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRESSINGER, BILLY		NAME		
STREET ADDRESS	17824 79TH ST		STREET ADDRESS		
CITY-ST-ZIP	FELLSMERE, FL 32948		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, JIM		NAME		
STREET ADDRESS	4331 COCKROACH BAY ROAD		STREET ADDRESS		
CITY-ST-ZIP	RUSKIN, FL 33570		CITY-ST-ZIP		
TITLE	Paul Grose	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	King Ranch, Inc.		NAME		
STREET ADDRESS	8050 South US 27		STREET ADDRESS		
CITY-ST-ZIP	South Bay, FL 33493		CITY-ST-ZIP		
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 617, 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 life empowered.					
SIGNATURE: _____ <i>David Dymond</i> President 4/11/04					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>					