

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# U00037

FILED
Jan 21, 2008
Secretary of State

Entity Name: FLORIDA SOD GROWERS COOPERATIVE, INC.

Current Principal Place of Business:

4002 TEAK COURT
LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 217
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 65-0162549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBBINS, R. JAMES JR
101 EAST KENNEDY BOULEVARD
SUITE 3700
TAMPA, FL 336020000 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: PD () Delete
Name: NUGENT, WILLIAM
Address: 8780 NW BETHEL FARMS ROAD
City-St-Zip: ARCADIA, FL 34266

Title: VD () Delete
Name: TRUENOW, KEITH
Address: 26714 OAK SHADOW LANE
City-St-Zip: MT DORA, FL 32757

Title: SD () Delete
Name: GARRETT, MARK
Address: KIRKLAND SOD, 4328 STATE ROAD 44
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: JAMES, MAULDEN
Address: 2704 MAULDEN ROAD
City-St-Zip: SOUTHPORT, FL 32409

Title: TD () Delete
Name: GROSE, PAUL
Address: KING RANCH, INC., 8050 SOUTH US 27
City-St-Zip: SOUTH BAY, FL 33493

Title: D () Delete
Name: DYMOND, DAVID
Address: 4699 CANOE CREEK ROAD
City-St-Zip: KENANSVILLE, FL 34739

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM NUGENT

PD

01/21/2008

Electronic Signature of Signing Officer or Director

Date