2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 23, 2006 08:00 AM DOCUMENT # V43728 Secretary of State t. Entity Names . . PALM CITY SOD OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 1500 ORANGE AVE. SAINT CLOUD FL 34769 2820 MARJORIE RD. ST. CLOUD FL 34772 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. It, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 59-3135149 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KELLEY, SUSAN MARIE Street Address (P.O. Box Number is Not Acceptable) 2820 MARJORIE ROAD ST CLOUD FL 34772 Zip Code City 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 Signature, typed or preliod name of registered agent and titlo it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May E 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP Change | TITLE TITLE Delete NAME NAME KELLEY, MICHAEL DAVID U00000444137 STREET ADDRESS 2820 MARJORIE RD STREET ADDRESS 83/86/06-80037-018 150.00 CITY-ST-ZiP ST CLOUD FL CITY-ST-ZIP Dalete ☐ Change Add" TITLE NAME KELLEY, SUSAN MARIE NAME STREET ADDRESS STREET ADDRESS 2820 MARJORIE RD CITY-ST-ZIP C(7Y-ST-2)P ST CLOUD FL ☐ Delete TITLE ☐ Change ☐ Adding 31115 NAME AMAA55 STREET ADDRESS STREET AODRESS CiTY-S7-ZiP CITY-ST-ZIP ☐ Detete □ Adam TITLE 300 8 Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete □ Change □ Aú TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GITY-ST-7/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 of directly of the corporation or the receiver or hustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block it changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE: District AND TYPED ON PROYED NAME OF SIGNAMS OFFICER ON DISPECTOR. Date District On 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report of directly sample under oath; that I am an officer of directly of the corporation of the receiver or hustee and that my name appears in Block 10 or Block it changed, or on an attachment with an address, with all other like empowered. SIGNATURE: District On the corporation of the receiver or hustee and that my name appears in Block 10 or Block it changed, or on an attachment with an address, with all other like empowered. SIGNATURE: District On the corporation of the information indicated in the information of the information indicated in the informati

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