

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V43728

Entity Name: PALM CITY SOD OF CENTRAL FLORIDA, INC.

FILED  
Mar 17, 2009  
Secretary of State

**Current Principal Place of Business:**

1500 ORANGE AVE.  
SAINT CLOUD, FL 34769 US

**New Principal Place of Business:**

**Current Mailing Address:**  
2820 MARJORIE RD.  
ST. CLOUD, FL 34772 US

**New Mailing Address:**

FEI Number: 59-3135149      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KELLEY, SUSAN MARIE  
2820 MARJORIE ROAD  
ST CLOUD, FL 34772 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: KELLEY, MICHAEL DAVI, D  
Address: 2820 MARJORIE RD  
City-St-Zip: ST CLOUD, FL

Title: D ( ) Delete  
Name: KELLEY, SUSAN MARIE,  
Address: 2820 MARJORIE RD  
City-St-Zip: ST CLOUD, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN KELLEY

SEC

03/17/2009

Electronic Signature of Signing Officer or Director

Date