

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED.

**Feb 17, 2005 08:00 AM
Secretary of State**

DOCUMENT # V45066

1. Entity Name
CHIPOLA SOD CO., INC.



Principal Place of Business
**7640 KINGSWOOD RD
SOUTHPORT, FL 32409 US**

Mailing Address
**7640 KINGSWOOD RD
SOUTHPORT, FL 32409 US**



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3133660	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

**MCCLELLAN, AMMON L.
7640 KINGSWOOD RD
SOUTHPORT, FL 32409**

**DO NOT WRITE
IN THIS SPACE**

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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MCCLELLAN, AMMON L.**
STREET ADDRESS **7640 KINGSWOOD RD**
CITY-ST-ZIP **SOUTHPORT, FL 32409**

TITLE **VP**
NAME **MCCLELLAN, CATHERINE**
STREET ADDRESS **7640 KINGSWOOD RD**
CITY-ST-ZIP **SOUTHPORT, FL 32409**

TITLE
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1100000233396
02/17/05-80037-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #