

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

**DO NOT WRITE IN THIS SPACE**



01192005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3133660      Not Applicable

5. Certificate of Status Desired            \$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 \_\_\_\_\_ (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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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:** *Ammon L. McClellan*      *Catherine McClellan VP*      02/15/05      (850) 265-4810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #