## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V63170

Entity Name: QUALITY SOD OF THE PALM BEACHES, INC.

FILED Jan 17, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

4418 COCONUT BLVD. 111 PONCE DE LEON STREET ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411

**Current Mailing Address: New Mailing Address:** 

111 PONCE DE LEON STREET 4418 COCONUT BLVD. ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411

FEI Number: 65-0361135 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

COWART, LOU ANN COWART, LOU ANN 4418 COCONUT BLVD 111 PONCE DE LEON STREET ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411 US US

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: LOU ANN COWART 01/17/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

( ) Delete Title: (X) Change ( ) Addition

Title: COWART, LOU ANN, COWART, LOU ANN, Name: Name: 4418 COCONUT BOULEVARD 111 PONCE DE LEON STREET Address: Address: City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip: ROYAL PALM BEACH, FL 33411

( ) Delete STD Title: (X) Change ( ) Addition Title: STD BACON, VIRGINIA Name: Name: BACON, DERAL M

4418 COCONUT BLVD. 111 PONCE DE LEON STREET Address: Address:

ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411 City-St-Zip: City-St-Zip:

Title: Title: VP.D (X) Change ( ) Addition VP.D ( ) Delete

BACON, DERAL M BACON, DERAL M Name: Name:

4418 COCONUT BLVD. 111 PONCE DE LEON STREET Address: Address: City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the 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: DERAL M. BACON S 01/17/2006