

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V63170

FILED  
May 01, 2009  
Secretary of State

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

**Current Principal Place of Business:**

111 PONCE DE LEON STREET  
ROYAL PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

111 PONCE DE LEON STREET  
ROYAL PALM BEACH, FL 33411

**New Mailing Address:**

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

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

MORRIS, ROBERT R ESQ  
685 ROYAL PALM BEACH BLVD., STE. 205  
ROYAL PALM BEACH, FL 33411      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P, D      ( ) Delete  
Name: COWART, LOU ANN  
Address: 111 PONCE DE LEON STREET  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: STD      ( ) Delete  
Name: VEGA, TERESA A  
Address: 111 PONCE DE LEON STREET  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VP,D      ( ) Delete  
Name: BACON, DERAL M  
Address: 111 PONCE DE LEON STREET  
City-St-Zip: ROYAL PALM BEACH, FL 33411

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LOU ANN COWART

PRES

05/01/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date