

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90539 019 ***150.00

DOCUMENT # 364974
 1. Entity Name
 A-1 SOD INC



Principal Place of Business
 2201 N. CITRUS BLVD.
 LEESBURG, FL 34748 US

Mailing Address
 2201 N. CITRUS BLVD.
 LEESBURG, FL 34748 US

00040402



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02152005 Chg-P CR2E034 (10/03)

City & State
 Zip Country

4. FEI Number
 59-1295291

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COTTOM, GLENN EDWARD
 2201 N. CITRUS BLVD.
 LEESBURG, FL 34748

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COTTOM, GEORGIA P. 2201 N. CITRUS BLVD. LEESBURG, FL 00000, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COTTOM, GLENN E 2201 N. CITRUS BLVD. LEESBURG, FL 00000, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEESLEY, DEBRA C. 2201 N. CITRUS BLVD. LEESBURG, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BP COTTON, GLENN H 2201 N. CITRUS BLVD. LEESBURG, FL 34748 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHOEMAKE, WENDY D 2201 N. CITRUS BLVD. LEESBURG, FL 34748 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COTTOM (LAST NAME SPELLED WRONG)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Georgia P. Cotton*

4-30-05 352-7281924
 Date Daytime Phone #

GEORGIA P. COTTOM