

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000154780

**Entity Name:** A-1 FLORIDA SOD, INC.

**Current Principal Place of Business:**

2629 WAVERLY BARN ROAD  
SUITE 121  
DAVENPORT, FL 33897

**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**3288200083CC**

**Current Mailing Address:**

2629 WAVERLY BARN ROAD  
SUITE 121  
DAVENPORT, FL 33897 US

**FEI Number:** 20-8297774

**Certificate of Status Desired:** Yes

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

SWART, RAYMOND EJR.  
2629 WAVERLY BARN ROAD  
SUITE 121  
DAVENPORT, FL 33897 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name SWART, RAYMOND E JR.  
Address 2629 WAVERLY BARN ROAD  
SUITE 121  
City-State-Zip: DAVENPORT FL 33897

Title VP SECRETARY TREASURER  
Name SWART, NANCY  
Address 2629 WAVERLY BARN ROAD  
SUITE 121  
City-State-Zip: DAVENPORT FL 33897

Title VP, CONTROLLER  
Name SIMONS, RALPH E  
Address 2629 WAVERLY BARN ROAD  
SUITE 121  
City-State-Zip: DAVENPORT FL 33897

*I hereby 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 all other like empowered.*

**SIGNATURE:** RALPH SIMONS

VP/CONTROLLER

01/15/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date