2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # 266329

1. Entity Name

EVERGLADES FARM EQUIPMENT CO., INC.



Principal Place of Business Mailing Address

STATE ROAD 715 NORTH P 0 BOX 910 BELLE GLADE, FL 33430 STATE ROAD 715 NORTH

P 0 B0X 910 BELLE GLADE, FL 33430

FILED Jan 16, 2004 08:00 AM **Secretary of State**



- 0	105	520	04

No Chg-P

CR2E034 (10/03)

4.	FEI Number
	59-1000566

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

	Name and	Address of	Current Re	gistered A	gent
····					

SCHLECHTER, JOHN O NORTH CHOSEN RD BELLE GLADE, FL 33430 _____

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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.	

(NOTE, Registered Agent signature required when reinstating)

SIGNATURE.

Signature, typed or printed name of registered agent and site if applicable

9. Election Campaign Financing

\$5.00 May Be

Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS VP TITLE SCHLECHTER, MARY R. NAME STREET ADDRESS STATE ROAD 715 NORTH CITY-ST-ZIP BELLE GLADE, FL SCHLECHTER, JOHN NAME STREET ADDRESS STATE ROAD 715 NORTH CITY-ST-ZIP BELLE GLADE, FL TITLE SCHLECHTER, ELEANOR MAME STATE ROAD 715 NORTH STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL TIRE SCHLECHTER, ELEANOR NAME STREET ADDRESS STATE ROAD 715 NORTH CITY-ST-ZIP BELLE GLADE, FL TITLE ٧P NAME SCHLECHTER, MICHAEL STREET ADDRESS STATE ROAD 715 NORTH CRTY-ST-ZIP BELLE GLADE, FL 33430 NAME STREET ADDRESS

DATE

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12. I hereby certify that the information supplied with this filling 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this executed this changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4

CITY-51-232

OFFICER OR DIRECTOR JOHN O. SCHLECHTER

561) 996-6531

Daytone Phone #