2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2005 08:00 AM Secretary of State

CR2E034 (10/03)

ANNUAL REPORT		
DOCUMENT # 266329 1. Entity Name EVERGLADES FARM EQUIPM		
Principal Place of Business	Mailing Address	,
STATE ROAD 715 NORTH P O BOX 910	STATE ROAD 715 NORTH P 0 BOX 910	
BELLE GLADE, FL 33430	BELLE GLADE, FL 33430	



No Chg-P

DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1000566 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHLECHTER, JOHN O DO NOT WRITE NORTH CHOSEN RD BELLE GLADE, FL 33430 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS VP

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10. TIPLE NAME SCHLECHTER, MARY R. STATE ROAD 715 NORTH STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL TITLE SCHLECHTER, JOHN NAME STREET ADDRESS STATE ROAD 715 NORTH City-St-782 BELLE GLADE, FL TITLE NAME SCHLECHTER, ELEANOR STREET ADDRESS STATE ROAD 715 NORTH BELLE GLADE, FL CITY-ST-ZIP TITLE SCHLECHTER, ELEANOR STREET ADDRESS STATE ROAD 715 NORTH BELLE GLADE, FL CITY-ST-ZIP VΡ TiTLE SCHLECHTER, MICHAEL STREET ADDRESS STATE ROAD 715 NORTH BELLE GLADE, FL 33430 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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DO NOT WRITE IN THIS SPACE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 20 05

(561) 996-6531

DOHN O. SCHLECHTER , PRESIDENT