2006 FOR PROFIT CORPORATION

Feb 16, 2006 08:00 AM **ANNUAL REPORT** Secretary of State **DOCUMENT # 266329** 1. Entity Name EVERGLADES FARM EQUIPMENT CO., INC. Principal Place of Business Mailing Address 000000435781 02/27/06-80005-018 150.00 STATE ROAD 715 NORTH STATE ROAD 715 NORTH P 0 BOX 910 P 0 BOX 910 BELLE GLADE, FL 33430 BELLE GLADE, FL 33430 01092006 No Chg-P CR2E034 (11/05) 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 5. 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. It em familiar with, and accept the obligations of registered agent. SIGNATURE ________Signature, typed or printed name of registered agent and title if applicable CATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME SCHLECHTER, MARY R. STREET ADDRESS STATE ROAD 715 NORTH CTTY-ST-ZIP BELLE GLADE, FL SILE SCHLECHTER, JOHN NAME STREET ADDRESS STATE ROAD 715 NORTH CITY-ST-ZIP BELLE GLADE, FL TITLE HAME SCHLECHTER, ELEANOR

DO NOT WRITE IN THIS SPACE

FILED

12. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained 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 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:

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS

3151E NAME STREET ADDRESS STATE ROAD 715 NORTH

SCHLECHTER, ELEANOR

STATE ROAD 715 NORTH

SCHLECHTER, MICHAEL

STATE ROAD 715 NORTH

BELLE GLADE, FL 33430

BELLE GLADE, FL

BELLE GLADE, FL

PRESIDENT

SCHLECHTER