2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2007 8:00 am Secretary of State 02-01-2007 90025 008 ***150.00

DOCUMENT # 266329 1. Entity Name EVERGLADES FARM EQUIPMENT CO., INC.					02-01-2007 90025 008 ***150.00				
Principal Place of Business Mailing Address					ייני	UUI			
STATE ROAD 715 NORTH P O BOX 910 BELLE GLADE, FL 33430 STATE ROAD 715 NORTH P O BOX 910 BELLE GLADE, FL 33430						a nda anas ngha kena n	111 11711 11211 2 18	(1 1 1011 12114 1 10	1
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01292007	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Numbe 59-1000			 	oplied For of Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered A	gent	
COM FOUTER JOHN O				9					
SCHLECHTER, JOHN O NORTH CHOSEN RD BELLE GLADE, FL 33430			Stree	Street Address (P.O. Box Number is Not Acceptable)					
						\	FL	Zip Cod	ө
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 according to the changing its registered office or registered agent, or both, in the State of Florida.								and accept	
the obligations of registered agent.									
SIGNATURE.	Signature, typed or printed name of registered agent	and little if applicable. (NOTi	E: Registered Agent sig	nature required	d when reinstation)	******	DATE		
					T WHO IT TO MAILE TO		DAIG		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campa Trust Fund Cont		\$5. □ Add	.00 May Be led to Fees				
10,	OFFICERS AND	DIRECTORS 11.			ADDITIONS/0	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	VP	Delete	TITLE					☐ Change	Addition
NAME	SCHLECHTER, MARY R.	Γ	NAME						_
STREET ADDRESS CITY-ST-ZIP	STATE ROAD 715 NORTH		STREET ADDRES	SS					
	BELLE GLADE, FL		CITY-ST-ZIP						
TITLE NAME	SCHLECHTER, JOHN	☐ Defete	TITLE NAME					☐ Change	☐ Addition
STREET ADORESS	STATE ROAD 715 NORTH		STREET ADDRES	is					
CITY-ST-ZIP	BELLE GLADE, FL		CITY-ST-ZIP						
TITLE	S	☐ Delete	TITLE					☐ Change	Addition
NAME	SCHLECHTER, ELEANOR		NAME						
STREET ADDRESS CITY-ST-ZIP	STATE ROAD 715 NORTH BELLE GLADE, FL		STREET ADDRES	22					
	T							F 20	
TITLE NAME	SCHLECHTER, ELEANOR	☐ Delete	TITLE NAME					Change	☐ Addition
STREET ADORESS	STATE ROAD 715 NORTH		STREET ADDRES	SS					
CITY-ST-ZIP	BELLE GLADE, FL		CITY-ST-ZIP						
TITLE	VP	☐ Delete	TITLE		*		*-	☐ Change	Addition
NAME	SCHLECHTER, MICHAEL		NAME						
STREET ADDRESS CITY-ST-ZIP	STATE ROAD 715 NORTH BELLE GLADE, FL 33430		STREET ADDRES CITY-ST-ZIP	SS					
	DELLE GENUE, FL 33430			 -			<u>-</u>	[] (t	
NAME NAME		☐ Delete	TITLE NAME					☐ Change	☐ Addition
	1			1					

12. I hereby certify that the information supplied with this filing 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 of the powered.

CITY-ST-ZIP

CITY-ST-ZIP

Waldware Control of British Me of Brings Officer or Director