

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 266329 1. Entity Name EVERGLADES FARM EQUIPMENT CO., INC.	
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Principal Place of Business STATE ROAD 715 NORTH P O BOX 910 BELLE GLADE, FL 33430	Mailing Address STATE ROAD 715 NORTH P O BOX 910 BELLE GLADE, FL 33430
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DO NOT WRITE IN THIS SPACE



01132005 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

6. Name and Address of Current Registered Agent 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.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCHLECHTER, MARY R. STATE ROAD 715 NORTH BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHLECHTER, JOHN STATE ROAD 715 NORTH BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SCHLECHTER, ELEANOR STATE ROAD 715 NORTH BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SCHLECHTER, ELEANOR STATE ROAD 715 NORTH BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCHLECHTER, MICHAEL STATE ROAD 715 NORTH BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/24/05-80187-025 150.00

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12. I hereby certify that the information supplied with this filing 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 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	Date 1/20/05 (561) 996-6531 Daytime Phone #
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JOHN O. SCHLECHTER, PRESIDENT