

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 266329

1. Entity Name
EVERGLADES FARM EQUIPMENT CO., INC.



Principal Place of Business

**STATE ROAD 715 NORTH
P O BOX 970
BELLE GLADE, FL 33430**

Mailing Address

**STATE ROAD 715 NORTH
P O BOX 970
BELLE GLADE, FL 33430**

000000435781
02/27/06-80005-018 150.00



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

**DO NOT WRITE
IN THIS SPACE**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/06 (561) 996-6531

JOHN O. SCHLECHTER PRESIDENT