

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90032 047 \*\*\*150.00

**DOCUMENT # 266329**

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



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

**40025353**



2. Principal Place of Business - No P.O. Box #

**2017 NW 16TH STREET**

3. Mailing Address

**P.O. Box 910**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082008 Chg-P CR2E034 (12/06)

City & State  
**BELLE GLADE, FL**

City & State  
**BELLE GLADE, FL**

4. FEI Number  
**59-1000566**

Applied For  
☐ Not Applicable

Zip  
**33430**

Country  
**USA**

Zip  
**33430**

Country  
**USA**

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
SCHLECHTER, JOHN  
STATE ROAD 715 NORTH  
BELLE GLADE, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**2017 NW 16TH STREET  
BELLE GLADE, FL 33430** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
SCHLECHTER, ELEANOR  
STATE ROAD 715 NORTH  
BELLE GLADE, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**2017 NW 16TH STREET  
BELLE GLADE, FL 33430** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
SCHLECHTER, ELEANOR  
STATE ROAD 715 NORTH  
BELLE GLADE, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**2017 NW 16TH STREET  
BELLE GLADE, FL 33430** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
SCHLECHTER, MICHAEL  
STATE ROAD 715 NORTH  
BELLE GLADE, FL 33430** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**2017 NW 16TH STREET  
BELLE GLADE, FL 33430** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V.P.  
SCHLECHTER, WILLIAM W.  
2017 NW 16TH STREET  
BELLE GLADE, FL 33430** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V.P.  
SCHLECHTER, THOMAS A.  
2017 NW 16TH STREET  
BELLE GLADE, FL 33430** ☐ Change ☒ Addition

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:

*Michael Schlechter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL SCHLECHTER, V.P.**

**2/8/08**

Date

**(561) 996-6531**

Daytime Phone #