## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## FILED Feb 03, 2006 08:00 AM Secretary of State

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1. Entity Name

PIPPIN TRACTOR AND EQUIPMENT, INC.



Principal Place of Business

3200 N. KINGS HWY FORT PIERCE, FL 34951 Mailing Address

3200 N. KINGS HWY FORT PIERCE, FL 34951



01122006

Na Chg-P

CR2E034 (11/05)

4. FEI Number 59-1111328

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIPPIN, H.L. 3200 N. KINGS HWY FORT PIERCE, FL 34951

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	named entity submits this statement for the plans of registered agent.	urpose of changing its registered	d office or n	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and triball	WOT 0	A service	required when reinstating	DATE
	Signature, typed of printed name of registered agent and main	Applicable (NO E Registered	Tigeni signaturi	required solution remaining)	
F§L After Ma	E NOW!!! FEE 15 \$150.00 ay 1, 2006 Fee will be \$550.00	<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS			
Title Name Street address City-St-Zip	PCO PIPPIN, H L 1875 BAY ROAD #316 VERO BEACH, FL			•	U00000418685 N2/14/06-80017-006 150,00
TITLE NAME STRLET ADDRESS CITY-ST-ZIP	ST MATTHEWS, R CURTIS 3200 N KINGS HWY FT PIERCE, FL 34951				Merrita de dadri ede 190,00
INTLE NAME SIREET ADDRESS CUTY-ST-ZIP	VP CHILDS, JACK A 1601 WHITMORE STREET SEBASTIAN, FL 32958			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADORESS CITY-ST-ZIP					
iale Name Street address					

12. Thereby certily that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 DEFICER OR DIRECTOR

2/1/06

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