



# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 473974</b> 1. Entity Name <b>HIGHLAND TRACTOR CO.</b>						<b>FILED</b> <b>07 AUG -1 AM 6:14</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>		
Principal Place of Business <b>SW CORNER I-75 &amp; SR 326</b> <b>OCALA, FL 34482 US</b>				Mailing Address <b>P O BOX 1810</b> <b>OCALA, FL 34478 US</b>				
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4. FEI Number <b>59-1584452</b>		Applied For <input type="checkbox"/> Not Applicable		
City & State  Zip		City & State  Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				
<b>6. Name and Address of Current Registered Agent</b>  <b>VARNER, SID W.</b> <b>1420 SE 73RD PLACE</b> <b>OCALA, FL 34480</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____								
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>						
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD VARNER, SIDNEY 1420 SE 73RD PLACE OCALA, FL 34480 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	TIMOTHY W. COWART 2825 N.E. 7TH ST. OCALA, FL 34470 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VARNER, JOE A 6918 SE 12TH TERR OCALA, FL 34481 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	500108387505 <input type="checkbox"/> Change <input type="checkbox"/> Addition 08/21/07--01054--007 **61.25			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WOOD, MARY E. 2625 SW 20TH CIR OCALA, FL 34474 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.								
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR								
Date				Daytime Phone #				