

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 473974

1. Entity Name
HIGHLAND TRACTOR CO.



Principal Place of Business

**SW CORNER I-75 & SR 326
OCALA, FL 34482 US**

Mailing Address

**P O BOX 1810
OCALA, FL 34478 US**



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1584452

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VARNER, SID W.
1420 SE 73RD PLACE
OCALA, FL 34480**

**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, 2008 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
**PTD
VARNER, SIDNEY
1420 SE 73RD PLACE
OCALA, FL 34480**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
VARNER, JOE A
6918 SE 12TH TERR
OCALA, FL 34481**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
WOOD, MARY E.
2625 SW 20TH CIR
OCALA, FL 34474**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
COWART, TIMOTHY W
2225 N.E. 7TH STREET
OCALA, FL 34470**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/15/08-80047-008 150.00

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

4-23-08
Date

352-732-4646
Daytime Phone #

MARY E. WOOD