

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2004 8:00 am
Secretary of State

07-27-2004 90039 012 ***158.75

DOCUMENT # F94000005868

1. Entity Name
TALLAHASSEE NEW HOLLAND, INC.



Principal Place of Business
**32410 BLUE STAR HWY
MIDWAY, FL 32343 US**

Mailing Address
**32410 BLUE STAR HWY
MIDWAY, FL 32343 US**

44050189



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07232004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3276126

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☐ Delete
NAME **KOLBUSS, SHANE W**
STREET ADDRESS **2115 BACK LAKE CIRCLE**
CITY-ST-ZIP **BAINBRIDGE, GA 31717**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VD** ☒ Delete
NAME **RECKER, D.D.**
STREET ADDRESS **500 DILLER AVENUE**
CITY-ST-ZIP **NEW HOLLAND, PA 17557**

TITLE **VD** ☒ Change ☐ Addition
NAME **C. D. Boyack**
STREET ADDRESS **500 Diller Ave**
CITY-ST-ZIP **New Holland, PA 17557**

TITLE **ST** ☒ Delete
NAME **WILLIAMS, WARD**
STREET ADDRESS **5401 EDGERTON DRIVE**
CITY-ST-ZIP **NORCROSS, GA 30092**

TITLE **ST** ☒ Change ☐ Addition
NAME **R. W. Boughton**
STREET ADDRESS **500 Diller Avenue**
CITY-ST-ZIP **New Holland, PA 17557**

TITLE **AS** ☐ Delete
NAME **LANDIS, S.L.**
STREET ADDRESS **500 DILLER AVENUE**
CITY-ST-ZIP **NEW HOLLAND, PA 17557**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Shane Kolbuss

07-23-04

850 576-2808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #