## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 28, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # F97000003 TRACTOR & EQUIPMEN					02-28-2005	90231 001	***158	3.75
Principal Place 9901 OKEEC FORT PIERCE	HOBEE RD.	Mailing Address 9901 OKEECHOBEE RD. FORT PIERCE, FL 34945	1				5	0020	450
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01	1312005	Chg-P	CR2E034	(10/03)	
City & State		City & State		4.	4. FEI Number 65-0759147			Applied For Not Applicable	
Zip	Country	Zip	Country	5.	Certificate of	Status Desired		8.75 Add e Required	
	6. Name and Address of Curren	t Registered Agent	Name	7.	Name and A	ddress of New R	egistered Ag	ent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code					
the obligat	named entity submits this statement files of registered agent.  Signature, typed or printed name of registered agent.  E NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550	n and title if applicable. (NOTE: F	legistered Agent signet		reinstating) May Be	, in the State of Flo	orida. I am lar	niliar with,	and accept
10.	OFFICERS AND	D DIRECTORS	11.	AI	DDITIONS/C	HANGES TO OFF	ICEBS AND F	IBECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD KINDRED, TOM JR 1715 YORK CT FT. PIERCE, FL 34982 DV	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		50111311370	TANGES TO OTT	[	Change	Addition
STREET ADORESS CITY-ST-ZIP	RECKER, DENNIS 500 DILLER AVENUE NEW HOLLAND, PA 17557		NAME STREET ADDRESS CITY-ST-ZIP						
TITLE - NAME STREET ADDRESS CITY-SI-ZIP	DST _ WILLIAMS, WARD 5401 EDGERTON DR NORCROSS, GA 30092	<b>₹</b> Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Ronald 500 Di New H		ughton venue , PA. 175	_	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LANDIS, SHERI L 500 DILLER AVENUE NEW HOLLAND, PA 17557	☐ Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CHTY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP				• [	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				[	Change	Addition
IIICICAIGO	certify that the information supplied will on this report or supplemental report poration or the receiver or trustee em	is true and accurate and that my	signature shall r	nave the same	e legal effect	as it made under a	oath that I ao	i an officer	or director

changed, or on an attachment with

Tom Kindred Jr. SIGNATURE: 2/25/2005 772/461-3747 FICER OR DIRECTOR