FILED
Aug 01, 2005 8:00 am
Secretary of State

07-05-2005 90118 017 ***150.00
08-01-2005 90027 038 ***400.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K70509

1. Entity Name
PORT ST. LUCIE TRACTOR SERVICE, INC.

Principal Place of Business	Mailing Address
1865 SO. BROCKSMITH RD. FT. PIERCE, FL 34945	1865 SO. BROCKSMITH RD. FT. PIERCE, FL 34945

2. Principal Place of Business	3. Mailing Address
3850 Selvitz Road	P.O. Box 15220
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Pierce, Florida	City & State: Ft. Pierce, Florida
Zip: 34981 / Country: USA	Zip: 34979-5220 / Country: USA

$0058913

06302005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0110612 — Applied For / Not Applicable

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
REVELS, PAUL M. 1865 S. BROCKSMITH RD. FORT PIERCE, FL 34945	Name: Revels, Paul M. Street Address (P.O. Box Number is Not Acceptable): 5269 NW West Lovett Circle City: Port St. Lucie FL Zip Code: 34986

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 _____ 6-30-05
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 7, 2005

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	PD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	REVELS, PAUL M.	NAME	
STREET ADDRESS	1865 S. BROCKSMITH RD.	STREET ADDRESS	5269 NW West Lovett Circle
CITY-ST-ZIP	FORT PIERCE, FL 34945	CITY-ST-ZIP	Port St. Lucie, Fl. 34986
TITLE	DST ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	REVELS, DEBRA S.	NAME	
STREET ADDRESS	1865 S. BROCKSMITH RD.	STREET ADDRESS	5269 NW West Lovett Circle
CITY-ST-ZIP	FORT PIERCE, FL 34945	CITY-ST-ZIP	Port St. Lucie, Fl. 34986
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 the address, with all other like empowered.

SIGNATURE: _____ Paul M. Revels 6-30-05 772-489-9402
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #