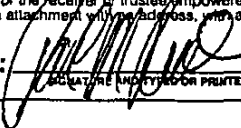


FILED
Aug 01, 2005 8:00 am
Secretary of State

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 1865 SO. BROCKSMITH RD. FT. PIERCE, FL 34945		Mailing Address 1865 SO. BROCKSMITH RD. FT. PIERCE, FL 34945	
2. Principal Place of Business 3850 Selvitz Road		3. Mailing Address P.O. Box 15220	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Pierce, Florida		City & State Ft. Pierce, Florida	
Zip 34981		Zip 34979-5220	
Country USA		Country USA	
4. FEI Number 65-0110612		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		06302005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent REVELS, PAUL M. 1865 S. BROCKSMITH RD. FORT PIERCE, FL 34945		7. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable.		DATE 6-30-05 (NOTE: Registered Agent signature required when reinstating)	
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 NAME STREET ADDRESS CITY-ST-ZIP	PD REVELS, PAUL M. 1865 S. BROCKSMITH RD. FORT PIERCE, FL 34945 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 5269 NW West Lovett Circle Port St. Lucie, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST REVELS, DEBRA S. 1865 S. BROCKSMITH RD. FORT PIERCE, FL 34945 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 5269 NW West Lovett Circle Port St. Lucie, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-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
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 my address, with all other like empowered.			
SIGNATURE: 		Paul M. Revels	
Date		6-30-05	
Daytime Phone #		772-489-9402	

50058912

