


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90021 027 \*\*\*150.00

<b>DOCUMENT # K70509</b> 1. Entity Name <b>PORT ST. LUCIE TRACTOR SERVICE, INC.</b>					
Principal Place of Business <b>3850 SELVITZ ROAD FORT PIERCE, FL 34981</b>			Mailing Address <b>P.O. BOX 15220 FORT PIERCE, FL 34979-5220</b>		
2. Principal Place of Business - No P.O. Box # <b>8670 West Ave. B</b>			3. Mailing Address <b>8670 West Ave. B</b>		
Suite, Apt. #, etc. <b>Ft. Pierce, Florida</b>			Suite, Apt. #, etc. <b>Ft. Pierce, Florida</b>		
City & State <b>Ft. Pierce, Florida</b>			City & State <b>Ft. Pierce, Florida</b>		
Zip <b>34945</b>		Country <b>USA</b>		4. FEI Number <b>65-0110612</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>REVELS, PAUL M. 5269 NW WEST LOVETTE CIRCLE PORT SAINT LUCIE, FL 34986</b>			7. Name and Address of New Registered Agent Name <b>Revels, Paul M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>8670 West Ave. B</b> City <b>Ft Pierce</b> <b>FL</b> Zip Code <b>34945</b>		
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 <u><i>Paul Revels</i></u> <b>4/13/07</b> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REVELS, PAUL M. 5269 NW WEST LOVETT CIRCLE PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST REVELS, DEBRA S. 5269 NW WEST LOVETT CIRCLE PORT SAINT LUCIE, FL 34986	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REVELS, JASON 1235 TAN OAK TERR VERO BEACH, FL 32966	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Paul Revels</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/13/07 772-489-9402</b> <small>Date Daytime Phone #</small>		

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