

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90132 021 \*\*\*\*50.00

**DOCUMENT # L05000064538**

1. Entity Name

DISCOUNT TRACTORS OF VOLUSIA COUNTY, LLC



Principal Place of Business

1636 E. NEW YORK AVE.  
STE. A  
DELAND FL 32724

Mailing Address

1636 E. NEW YORK AVE.  
STE. A  
DELAND FL 32724

2. Principal Place of Business

3776 W. Int'l Speedway Blvd.

3. Mailing Address

3776 W. Int'l Speedway Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach FL

City & State

Daytona Beach, FL

Zip

32124

Country

Volusia

Zip

32124

Country

Volusia

4. FEI Number

26-0119178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, JEROME D  
400 S. PALMETTO AVE.  
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

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 \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME FORREST HELLER TRUST  
STREET ADDRESS % 2379 OLD SAMSULA RD.  
CITY-ST-ZIP PORT ORANGE FL 32128

TITLE MGRM ☐ Delete  
NAME NEWBY, RANDALL P  
STREET ADDRESS 6212 OAK RIVER TERRACE  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Handwritten Signature]*