

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M94159

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: CHAPLES TRACTOR AND AGRICULTURAL SERVICES INC.

**Current Principal Place of Business:**

13429 HWY 129  
LIVE OAK, FL 32060 US

**New Principal Place of Business:**

**Current Mailing Address:**

5901 SW 160 AVE  
FT. LAUDERDALE, FL 33331 US

**New Mailing Address:**

FEI Number: 65-0051586      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHAPLES, VERA  
13429 HWY 129 (OFFICE)  
LIVE OAK, FL 32060 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CHAPLES, VERA  
Address: 13429 HWY 129  
City-St-Zip: LIVE OAK, FL 32060

Title: VP ( ) Delete  
Name: CHAPLES, MARY GAY  
Address: 5901 SW 160 AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: CHAPLES, MARK  
Address: 13429 HWY 129  
City-St-Zip: LIVE OAK, FL 32060

Title: VP ( ) Change (X) Addition  
Name: CHAPLES, MARYGAY  
Address: 5901 SW 160TH AVENUE  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARYGAY CHAPLES

VP

04/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date