2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 05, 2008 8:00 am Secretary of State DOCUMENT # P01000002387 1. Entity Name 05-05-2008 90239 047 ***150.00 BECHTELS TRACTOR SERVICE, INC Principal Place of Business Mailing Address 3360 34TH AVE SE NAPLES FL 34117 3360 34TH AVE SE NAPLES FL 34117 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/07) 4. FE! Number Applied For City & State City & State 59-3688368 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BECHTEL, RALPH 3368 34TH AVE:SE NAPLES FL 34116 8. The above named entity 2 bmits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE egistered lident and bits if unplicable (NOTE: Registried Agent eightfure required when reincosting) FILE NOW!!! PEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS BECHTEL RALPH 3360 34m AVE. S.E. Addition TITLE ☐ Defete TITLE Change BECHTEL, RALPH NAME NAME STREET ADDRESS STREET ADDRESS 3368 34TH AVE. SE NAPLES FL 34117 CITY-ST-ZIP CiTY-ST-ZIE ☐ Daiete ☐ Change Addition TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IF ☐ Change Addition ☐ Deiete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- ZIP Change ☐ Addition THE ☐ De ete TIFLE NAME NAME STREET ADDRECS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-ZIP Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Ficrida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate any 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 willyan address, with all other like expowered.

RALPH C. BECHTEL 4/1/08

if changed, or on an attachment

SIGNATURE:

FILED