


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED

**Aug 30, 2005 08:00 AM
Secretary of State**

| | |
|--|---|
| DOCUMENT # P02000013637 1. Entity Name GATOR GRADE TRACTOR SERVICES INC. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 8014 18TH AVE. EAST PALMETTO, FL 34221 | Mailing Address 8014 18TH AVE. EAST PALMETTO, FL 34221 |
|--|--|

DO NOT WRITE IN THIS SPACE



08232005 No Chg-P CR2E034 (10/03)

| | |
|---|-------------------------------|
| 4. FEI Number 37-1419560 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent THOMPSON, VIRGIL S 8014 18TH AVE. EAST PALMETTO, FL 34221 | DO NOT WRITE IN THIS SPACE |
|---|---------------------------------------|

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 Virgil Scott Thompson 8/22/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | |
|---|--|
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P THOMPSON, VIRGIL S 8014 18TH AVE. EAST PALMETTO, FL 34221 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

0000001377420
08/30/05-80003-005 \$558.75

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 an address, with all other like empowered.

SIGNATURE: Virgil Thompson 941-723-9722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #