


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90283 014 \*\*\*150.00

<b>DOCUMENT # P02000043518</b> 1. Entity Name <b>BLADE RUNNER TRACTOR SERVICE, INC.</b>					
Principal Place of Business <b>1725 OLD TITUSVILLE RD ENTERPRISE, FL 32725</b>			Mailing Address <b>1725 OLD TITUSVILLE RD ENTERPRISE, FL 32725</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>04-3641427</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>SCHOENWEISS, RICHELLE 1725 OLD TITUSVILLE RD ENTERPRISE, FL 32725</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee will be \$550.00</b> </div> <div>         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> </div> <div> <b>\$5.00 May Be</b>  <b>Added to Fees</b> </div> </div>					
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> </div> </div>					
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>SCHOENWEISS, TRAVIS</b> STREET ADDRESS <b>1725 OLD TITUSVILLE RD</b> CITY-ST-ZIP <b>ENTERPRISE, FL 32725</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>SCHOENWEISS, RICHELLE</b> STREET ADDRESS <b>1725 OLD TITUSVILLE RD</b> CITY-ST-ZIP <b>ENTERPRISE, FL 32725</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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 <i>R Schoenweiss</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**20041330**



04042005 Chg-P CR2E034 (10/03)

**\$8.75 Additional**  
**Fee Required**

(386)  
 4/14/05 575-0234  
 Date Daytime Phone #