

2007 FIDELITY CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 A
Secretary of State

DOCUMENT # P02000043518

1. Entity Name
BLADE RUNNER TRACTOR SERVICE, INC.



Principal Place of Business
**1725 OLD TITUSVILLE RD
ENTERPRISE, FL 32725**

Mailing Address
**1725 OLD TITUSVILLE RD
ENTERPRISE, FL 32725**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3641427	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

**SCHOENWEISS, RICHELLE
1725 OLD TITUSVILLE RD
ENTERPRISE, FL 32725**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOENWEISS, TRAVIS 1725 OLD TITUSVILLE RD ENTERPRISE, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOENWEISS, RICHELLE 1725 OLD TITUSVILLE RD ENTERPRISE, FL 32725
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *R. Schoenweiss* *R. Schoenweiss* 1/4/06 575-0234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #