

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90023 033 ***150.00

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1. Entity Name
**MECHANICAL PLANTERS OF THE GLADES,
INCORPORATED**



Principal Place of Business
**200 NW AVENUE L
BELLE GLADE, FL 33430**

Mailing Address
**P.O. BOX 2048
BELLE GLADE, FL 33430**

DO NOT WRITE IN THIS SPACE



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number
55-0794706

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PATE, STEPHEN L
209 SOUTH MAIN STREET
BELLE GLADE, FL 33430**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PATE, STEPHEN L
STREET ADDRESS 209 SOUTH MAIN STREET
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE VD
NAME MCNIELL, JONATHAN S
STREET ADDRESS 209 SOUTH MAIN STREET
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE TD
NAME MCNIELL, JAMES S
STREET ADDRESS 209 SOUTH MAIN STREET
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE SD
NAME PATE, CRAIG D
STREET ADDRESS 209 SOUTH MAIN STREET
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Stephen L Pate

Stephen L. Pate 2-8-08 561-996-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Daytime Phone #