## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 14, 2005 08:00 AM **DOCUMENT # P03000103215 Secretary of State** 1. Entity Name BEVILLE TRACTOR SERVICE, INC. Principal Place of Business Mailing Address 771 CAMPBELL RD 771 CAMPBELL RD FT PIERCE, FL 34945 FT PIERCE, FL 34945 03032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3131025 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BEVILLE, RICHARD DO NOT WRITE 771 CAMPBELL RD FT PIERCE, FL 34945 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) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 110000000262903 OFFICERS AND DIRECTORS 10. 03/14/05-80071-019 150.00 D TITLE NAME BEVILLE, RICHARD STREET ADDRESS 771 CAMPBELL RD CITY-ST-ZIP FT PIERCE, FL 34945 TITLE BEVILLE, TERESA NAME 771 CAMPBELL RD STREET ADDRESS CITY-ST-ZIP FT PIERCE, FL 34945 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF DATE DATE OF DISTRICT DATE OF SIGNING OFFICER OR DIRECTOR DATE OF DATE OF DATE OF DISTRICT DATE OF DATE OF

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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