## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 14, 2005 08:00 AM **DOCUMENT # P03000143478 Secretary of State** ROBERT FARRINGTON TRACTOR, INC. Principal Place of Business Mailing Address 2200 W. KING STREET P.O. BOX 8432 COCOA, FL 32924 COCOA, FL 32926 Marie Commission of the second 01222005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1690534 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FARRINGTON, ROBERT C 2200 W. KING STREET COCOA, FL 32926 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, typed or printed name of registered agent and site it applicable. (NOTE: Registered Agent signature required when reinstaling) DATE 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 OFFICERS AND DIRECTORS 10. TITLE FARRINGTON, ROBERT C 2200 W. KING STREET STREET ADDRESS CITY-ST-ZIP COCOA, FL 32926 FARRINGTON, ROBERT C NAME 2200 W. KING STREET STREET ADDRESS CITY-ST-ZIP COCOA, FL 32926 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY ST ZIP TITT F NAME

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TWEED OF BEINTED NAME OF SIGNING SECURE OF DIDECTOR

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**FILED**