2007 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 13, 2007 08:00 AM Secretary of State DOCUMENT # P03000151588 1. Entity Name RICHARD CORBETT TRACTOR SERVICE, INC. Principal Place of Business Mailing Address 6005 BALSAM DRIVE 6005 BALSAM DRIVE FT. PIERCE, FL 34982 FT. PIERCE, FL 34982 US 09052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0493181 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORBETT, RICHARD DO NOT WRITE 6005 BALSAM DRIVE FT. PIERCE, FL 34982 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. 9-11-07 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607,193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 UDDDD0773962 OFFICERS AND DIRECTORS 10. 09/13/07-80007-009 150.00 TITLE MAME CORBETT, RICHARD 11065 MULLER ROAD STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34945 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP HILE MANIF STREET ADDRESS

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED