

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90058 002 ***150.00

DOCUMENT # P03000157764

1. Entity Name
BETTER FENCE AND TRACTOR SERVICES, INC.



Principal Place of Business
**701 PITTMAN RD.
SEVILLE, FL 32190**

Mailing Address
**701 PITTMAN RD.
SEVILLE, FL 32190**

2. Principal Place of Business

3. Mailing Address
P.O. BOX 968

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092005 Chg-P CR2E034 (10/03)

City & State

City & State
DELEON SPRINGS, FL

4. FEI Number
13-4271281

Applied For
Not Applicable

Zip

Country

Zip
32130

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARCUS, JASON
701 PITTMAN RD.
SEVILLE, FL 32190**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 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
**P
NEWMAN, CHRISTOPHER
701 PITTMAN RD.
SEVILLE, FL 32190** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VST
HARCUS, JASON
701 PITTMAN RD.
SEVILLE, FL 32190** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
SMITH, OTIS H
1905 BERT ROYAL RD
PIERSON, FL 32180** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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:

Jason Harcus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JASON HARCUS, VST

Date

2/18/05

Daytime Phone #

386/985-3981