
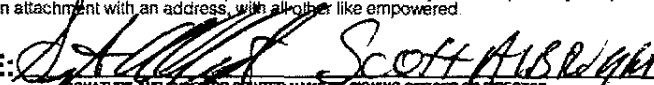


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000106655 1. Entity Name CIRCLE A GRADE & TRACTOR, INC.		
Principal Place of Business 5500 NW 160TH ST REDDICK, FL 32686 US	Mailing Address 5500 NW 160TH ST REDDICK, FL 32686 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ALBRIGHT, SCOTT R 5500 NW 160TH ST REDDICK, FL 32686		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000408756 02/08/06-80074-004 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBRIGHT, SCOTT R 5500 N.W. 160TH ST REDDICK, FL 32686	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAPIERE, PAUL 5600 NW 160TH ST REDDICK, FL 32686	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ALBRIGHT, KIMBERLY L 5500 NW 160TH ST. REDDICK, FL 32686	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-24-06 352 591-3286 <small>Date Daytime Phone #</small>