FILED
Apr 29, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000071016

1. Entity Name
ALL TERRAIN AGRICULTURAL SERVICES, INC.

Principal Place of Business	Mailing Address
4420 SW 175TH COURT DUNNELLON, FL 34432 US	4420 SW 175TH COURT DUNNELLON, FL 34432 US

DO NOT WRITE IN THIS SPACE

04242008 No Chg-P CR2E004 (11/05)

4. FEI Number
20-2685089

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHEPARD, KEVIN
4420 SW 175TH COURT
DUNNELLON, FL 34432

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 _____ DATE
(Required, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000931287
05/22/08-80008-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHEPARD, KEVIN
STREET ADDRESS	4420 SW 175TH COURT
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	S
NAME	SHEPARD, KEVIN
STREET ADDRESS	4420 SW 175TH COURT
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	T
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CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: Kevin Shepard 4/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #