

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000025309

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: FAIR US TRACTOR SERVICE, INC.

## Current Principal Place of Business:

1114 SW 15TH CT  
OKEECHOBEE, FL 34974

## New Principal Place of Business:

1114 SW 15TH STREET  
OKEECHOBEE, FL 34974

## Current Mailing Address:

P.O. BOX 938  
OKEECHOBEE, FL 34973

## New Mailing Address:

FEI Number: 65-0649553      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRENNAN, JOHN T  
519 SO. INDIANA RIVER DRIVE  
FORT PIERCE, FL US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PHARES, NANCY P  
Address: P.O. BOX 938  
City-St-Zip: OKEECHOBEE, FL 34973

Title: VP ( ) Delete  
Name: PHARES, W. BRADLEY  
Address: P.O. BOX 938  
City-St-Zip: OKEECHOBEE, FL 34973

Title: S ( ) Delete  
Name: PHARES, BRENT E  
Address: P.O. BOX 938  
City-St-Zip: OKEECHOBEE, FL 34973

Title: T ( ) Delete  
Name: PHARES, BRIAN K.  
Address: P.O. BOX 938  
City-St-Zip: OKEECHOBEE, FL 34973

Title: CEO ( ) Delete  
Name: PHARES, WILLIAM E.  
Address: P.O. BOX 938  
City-St-Zip: OKEECHOBEE, FL 34973

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY P. PHARES

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date