


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000088392 1. Entity Name BREVARD TRACTOR, INC.	
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Principal Place of Business 2335 AURORA ROAD MELBOURNE, FL 32935 US	Mailing Address 2335 AURORA ROAD MELBOURNE, FL 32935 US
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DO NOT WRITE IN THIS SPACE



05052004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0628213** Applied For Not Applied For
 6. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EVANS, GARY 2335 AURORA RD MELBOURNE, FL 32935
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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 _____ (NOTE: Registered Agent signature required when retreating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE	P	EVANS, GARY
NAME		
STREET ADDRESS		7659 CHARLESTON WAY
CITY- ST- ZIP		PORT ST. LUCIE, FL 34986
TITLE	V	BROWN, TONY
NAME		
STREET ADDRESS		3370 LAKEVIEW CR
CITY- ST- ZIP		MELBOURNE, FL 32934
TITLE	S	EVANS, DIANNA
NAME		
STREET ADDRESS		7659 CHARLESTON WAY
CITY- ST- ZIP		PORT ST. LUCIE, FL 34986
TITLE	T	BROWN, ARIENNE
NAME		
STREET ADDRESS		3370 LAKEVIEW CR
CITY- ST- ZIP		MELBOURNE, FL 32934
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Arienne M Brown* Arienne M Brown 5-4-04 321-254-571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #