


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

5. 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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**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 _____ (NOTE: Registered Agent signature required when retreating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P EVANS, GARY 7659 CHARLESTON WAY PORT ST. LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V BROWN, TONY 3370 LAKEVIEW CR MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S EVANS, DIANNA 7659 CHARLESTON WAY PORT ST. LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T BROWN, ARIENNE 3370 LAKEVIEW CR MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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U000000159328
05/10/04-80025-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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** **321-254-511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #