2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 06, 2005 8:00 am Secretary of State **DOCUMENT # P97000091705** 04-06-2005 90103 028 ***150.00 HERSEY TRACKHOE & TRACTOR SER &GE, INC. Principal Place of Business Mailing Address 3885 SOUTH CROSS ROAD 3885 SOUTH CROSS ROAD ST AUGUSTINE, FL 32092 ST AUGUSTINE, FL · 32092 03052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3484734 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent New Registered Agent BURN; NANCY J DO_NOT_WRITE 11101 N. HWY: 129, Teresa Hersey BRANFORD, FL: 32008-7179. IN THIS SPACE 3885 S Crossroad St. Augustine, FL 32092-9224 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, typed or printed name of registed agent and little if approache. TERESA HERSEY 4-1-05 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS HERSEY, GLEN R MAME STREET ADDRESS 3885 SOUTH CROSS ROAD CITY-ST-ZIP ST. AUGUSTINE, FL 32092 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: _

FILED

Daytime Phone #