2008 FOR PROFIT CORPORATION

FILED Apr 09, 2008 08:00 All Secretary of State ANNUAL REPORT. **DOCUMENT # P97000091705** HERSEY TRACKHOE & TRACTOR SERVICE, INC. Principal Place of Susiness Mailing Address 3885 SOUTH CROSS ROAD 3885 SOUTH CROSS ROAD ST AUGUSTINE, FL 32092 ST AUGUSTINE, FL 32092 No Chg-P CR2E034 (11/05) 03282008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3484734 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HERSEY, TERESA DO NOT WRITE 3885 S CROSSROAD SAINT AUGUSTINE, FL 32092-9224 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME HERSEY, GLEN R 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-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR