

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000101442

**FILED  
Jan 11, 2006  
Secretary of State**

**Entity Name:** SMOOTHSCAPE TRACTOR SERVICE, INC.

**Current Principal Place of Business:**

2350 NW 46TH ST  
OCALA, FL 34475

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 4601  
OCALA, FL 34478 US

**New Mailing Address:**

**FEI Number:** 65-0810345      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RACKARD, GREGORY  
4280 NW 26TH TERRACE  
OCALA, FL 34475 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: PTD ( ) Delete  
Name: RACKARD, GREGORY  
Address: 3605 NW 20 AVENUE  
City-St-Zip: Ocala, FL 34475

Title: S ( ) Delete  
Name: BROOKS, DEBRA  
Address: 6530 NW 61 LANE  
City-St-Zip: Ocala, FL 34482

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: DEBRA BROOKS

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01/11/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date