

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000069633

1. Entity Name

ORMOND TRACTOR GRADING, INC.



Principal Place of Business

2887 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176

Mailing Address

2887 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176



04232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3543267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLASS, SUSAN B CPA
346 S. PALMETTO AVENUE
DAYTONA BEACH, FL 32114-4920

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME CALLAHAN, KEVIN R
STREET ADDRESS 2887 JOHN ANDERSON DR
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE VPS
NAME CALLAHAN, DEBRA L
STREET ADDRESS 2887 JOHN ANDERSON DR
CITY-ST-ZIP ORMOND BEACH, FL 32176

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04/29/05-80098-001 150.00

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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:

Kevin R. Callahan KEVIN R. CALLAHAN President 4-23-05 (386) 4538338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #