


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000069633
 1. Entity Name
ORMOND TRACTOR GRADING, INC.



Principal Place of Business Mailing Address
2887 JOHN ANDERSON DRIVE **2887 JOHN ANDERSON DRIVE**
ORMOND BEACH, FL 32176 **ORMOND BEACH, FL 32176**

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3543267 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
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000000415479
 02/11/06-30082-013 150.00

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: Kevin R. Callahan **KEVIN R. CALLAHAN, P** 1-29-06 386 441 8472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #