


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**


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|---|---|
| <b>DOCUMENT # P99000008476</b><br>1. Entity Name<br>HYGRADE TRACTOR SERVICE, INC. |  |
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| Principal Place of Business<br>160 BAVARIAN AVE SW<br>PALM BAY, FL 32908 | Mailing Address<br>160 BAVARIAN AVE SW<br>PALM BAY, FL 32908 |
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**DO NOT WRITE IN THIS SPACE**

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| 6. Name and Address of Current Registered Agent<br><br>HUNT, ROGER<br>160 BAVARIAN AVE. S.W.<br>PALM BAY, FL 32908 |
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**FILED**  
05 JAN 11 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01032005 No Chg-P CR2E034 (10/03)

|  |                                |
|--|--------------------------------|
| 4. FEI Number<br>59-3555361  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>HUNT, STACIE K<br>160 BAVARIAN AVE SW<br>PALM BAY, FL 32908 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>HUNT, ROGER<br>160 BAVARIAN AVE SW<br>PALM BAY, FL 32908      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

500044326915  
01/07/05--01046--001 \*\*150.00

500044326915  
01/07/05--01046--002 \*\*8.75

**DO NOT WRITE  
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)(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.

**SIGNATURE:** *Stacie Hunt* (Stacie Hunt) 1/4/05 321-727-1574