## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 07, 2008 8:00 am Secretary of State DOCUMENT # P99000008476 04-07-2008 90031 010 \*\*\*158.75 1. Entity Name HYGRADE TRACTOR SERVICE, INC. Principal Place of Business Mailing Address 160 BAVARIAN AVE SW 160 BAVARIAN AVE SW PALM BAY, FL 32908 PALM BAY, FL 32908 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01222008 Chg-P City & State City & State 4. FEI Number Applied For 59-3555361 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUNT, ROGER Street Address (P.O. Box Number is Not Acceptable) 160 BAVARIAN AVE. S.W. PALM BAY, FL 32908 City Zip Code FI 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE VSD TITLE President / Sec. Change ☐ Addition ☐ Delete HUNT, STACIE K NAME NAME HUNT, STACIE STREET ADDRESS 160 BAVARIAN AVE SW STREET ADDRESS 160 BAVARIAN AVE SW PAIM BAY, FE 32908 CITY-ST-ZIP PALM BAY, FL 32908 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition V.P HUNT, ROGER NAME NAME Hunt, Roger 140 BAVARIAN Ave SW 160 BAVARIAN AVE SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32908 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TOTLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-75P

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 regelver 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:

**FILED**