


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P99000098548 1. Entry Name DIG-IT TRACTOR SERVICES, INC. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 17501 S.W. 70TH PLACE FT. LAUDERDALE, FL 33331 | Mailing Address 17501 S.W. 70TH PLACE FT. LAUDERDALE, FL 33331 |
|--|--|

DO NOT WRITE IN THIS SPACE



04022008 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 65-0962145 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent DALE, CHARLES S 414 N.E. FOURTH STREET FT. LAUDERDALE, FL 33301 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

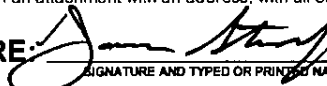
| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT STANFIELD, DEBORAH 17501 SW 70TH PLACE FORT LAUDERDALE, FL 33331 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS STANFIELD, JAMES 17501 SW 70TH PLACE FORT LAUDERDALE, FL 33331 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U000000932621
05/22/08-80062-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  JAMES STANFIELD VPS 4-24-2008 454-410-2893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #