

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # S13613

1. Entity Name
SOUTH DAYTONA TRACTOR & MOWER, INC.



Principal Place of Business
**3000 A SOUTH RIDGEWOOD AVE
SO DAYTONA, FL 32119**

Mailing Address
**3000 A SOUTH RIDGEWOOD AVE
SO DAYTONA, FL 32119**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3040443

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BERGER, MAX M.
1769 MITCHELL CT
DAYTONA BEACH, FL 32124**

**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 re-registering) DATE _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	P BERGER, MAX M. 1769 MITCHELL CT. DAYTONA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERGER, PAMELA N. 1769 MITCHELL CT. DAYTONA BCH, FL
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04/22/06-80068-011 150.00

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: *Max M. Berger* **MAX M. BERGER** *7 April 2006* **386-760-5067**

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