2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K08449

Entity Name: WETHERINGTON TRACTOR SERVICE, INC.

FILED Jan 30, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
--	--------------------------------------	---------------------------------

703 S HITCHCOCK ST US PLANT CITY, FL 33566

Current Mailing Address: New Mailing Address:

400 N TAMPA ST. PO BOX 172727 TAMPA, FL 33672 2625

US TAMPA, FL 33602 US

FEI Number: 59-2783862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WETHERINGTON, R. WADE WETHERINGTON, WADE 400 N TAMPA ST 1010 N. FLORIDA AVENUE 2625 TAMPA, FL 33602 TAMPA, FL 33602 US

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.

SIGNATURE: R. WADE WETHERINGTON 01/30/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

() Delete

() Delete

() Delete

(X) Delete

WETHERINGTON, KIMBALL W

OFFICERS AND DIRECTORS:

HOWELL, STEPHEN

HUGHES, JEFF M

703 S HITCHCOCK ST

703 S HITCHCOCK ST

703 S HITCHCOCK ST

PLANT CITY, FL 33566 US

WETHERINGTON, ALLAN D

PLANT CITY, FL 33566 US

PLANT CITY, FL 33566 US

703 S HITCHCOCK ST

PLANT CITY, FL 33566

Title:

Title:

Title:

Title:

Name: Address:

Name:

Address:

City-St-Zip:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition WETHERINGTON, KIMBALL Name:

PO BOX 4199 Address: City-St-Zip: PLANT CITY, FL 33563

Title: (X) Change () Addition

Name: HUGHES, JEFF M PO BOX 4199 Address:

PLANT CITY, FL 33563 US City-St-Zip:

Title: (X) Change () Addition WETHERINGTON, ALLAN D Name:

PO BOX 4199 Address:

City-St-Zip: PLANT CITY, FL 33563 US

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: KIMBALL W. WETHERINGTON 01/30/2006