


2004 FOR PROFIT CORPORATION ANNUAL REPORT

07-16-2004 90010 038 ***550.00

DOCUMENT # L86685
 1. Entity Name
GENE'S TRACTOR SERVICE, INC.



54062813



Principal Place of Business
**2726 KILGORE PLACE
 P.O. BOX 3269 (34230-3269)
 SARASOTA, FL 34235 US**

Mailing Address
**PO BOX 14097
 P.O. BOX 3269 (34230-3269)
 SARASOTA, FL 34235 US**

2. Principal Place of Business
7220 Baxley Ln.

3. Mailing Address
 Suite, Apt. #, etc.

07122004 Chg-P OR2E034 (10/03)

City & State
SARASOTA, FL

City & State
 City & State

Zip
34241

Country
SARASOTA

4. FE: Number
65-0277482

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**DENT, JOHN C., JR.
 333 SOUTH ORANGE AVENUE
 SARASOTA, FL 34236**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Gene Hitt* **7/14/04**

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required after re-appointment) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2004

9. Election Campaign Financing **\$5:00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP HITT, GENE 2726 KILGORE PLACE SARASOTA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
			OP HITT, GENE 7220 Baxley Lane SARASOTA, FL
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S HITT, ELIZABETH L. 2726 KILGORE PLACE SARASOTA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
	(DIVORCED)		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an other like empowers.

SIGNATURE: *Gene Hitt* **7/14/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

Gene Hitt