

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000143207</b>		
1. Entity Name <b>ALTON TRACTOR SERVICE, INC.</b>		
Principal Place of Business <b>11953 DELEON DR NORTH PORT, FL 34287</b>		Mailing Address <b>11953 DELEON DR NORTH PORT, FL 34287</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		03072006 No Chg-P CR2E034 (11/05)
4. FEI Number <b>20-0410397</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>ALTON, MICHAEL W 5845 SPEARMAN CIR NORTH PORT, FL 34287</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		100000478730 04/08/06-80016-018 150.00
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	ALTON, MARTIN A	
STREET ADDRESS	1626 N CRANBERRY BLVD	
CITY-ST-ZIP	NORTH PORT, FL 34286	
TITLE	D	
NAME	ALTON, MICHAEL	
STREET ADDRESS	5845 SPEARMAN CIR	
CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE	D	
NAME	ALTON, MARTIN M	
STREET ADDRESS	11953 DELEON DR	
CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <i>Michael Alton</i> <b>MICHAEL ALTON</b>		3-13-06 716-1782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone