

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 326264 1. Entity Name LIVE OAK TRACTOR CO INC	
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Principal Place of Business 10055 US 129 U.S. HIGHWAY 129 SOUTH LIVE OAK, FL 32060 US	Mailing Address 10055 US 129 U.S. HIGHWAY 129 SOUTH LIVE OAK, FL 32060 US
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01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1200174	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 BOATRIGHT, LAVAUGHN 12025 201ST ROAD LIVE OAK, FL 32060	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

FILE NOW!!! FEE IS \$160.00
After May 1, 2004 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 BOATRIGHT, LAVAUGHN 12025 201ST ROAD LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOATRIGHT, CARRIE J. 1011 DARROW ST LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/16/04-80054-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Lavaughn Boatright 1/13/04 386-362-1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if