

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 464696

1. Entity Name

SOWELL TRACTOR COMPANY, INC.



Principal Place of Business

2841 HIGHWAY 77 NORTH
PANAMA CITY FL 32404
US

Mailing Address

PO BOX 391
PANAMA CITY FL 32402
US

REC'D FEB 04 2004



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1551844

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOWELL, ROBERT L
2841 HWY 77 N.
PANAMA CITY FL 32405

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME SOWELL, ELEANOR W
STREET ADDRESS 2841 HWY 77 NORTH
CITY-ST-ZIP PANAMA CITY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 000000075186
03/03/04-80048-024 150.00

TITLE S ☐ Delete
NAME SOWELL, ROXANNE L
STREET ADDRESS 1407 RHODE ISLAND AVENUE
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME SOWELL, ROBIN L
STREET ADDRESS 1305 ALABAMA AVENUE
CITY-ST-ZIP LYNN HAVEN FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME SOWELL, ROBERT L
STREET ADDRESS 2241 HWY 77 N
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07 850 7635441
Date Daytime Phone #