## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 06, 2004 08:00 AM Secretary of State

				•	Secretary of Stat	
1. Entity Name	MENT # 519577 RACTOR COMPANY				Secretary or State	
Principal Place	e of Business	Mailing Address				
5504 15TH S BRADENTON		5504 15TH ST. EAST BRADENTON, FL 34203	·	 	us ernine senine useni luuni jauti kiikis kikis bekuli asuki valuli usekis uselinus se (88)	
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n	O NOT WOITE	IN THIS SDA	CE.	01152004	No Chg-P CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE				4. FEI Numb		
				5. Certificate of Status Desired S8.75 Additional Fee Required		
	5. Name and Address of Current Ro	egistered Agent			Les verinted	
MCLAUGHLIN, MARGARET F. 5250 RIVERVIEW BLVD. BRADENTON, FL 34209				DO NOT WRITE IN THIS SPACE		
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, Noted or originated name of registered agent and title if applicable (NOTE, Registered Agent stansture required when refinitating)  DATE						
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  S. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution.   Added to Fees						
10.	OFFICERS AND D	PIRECTORS				
title Name	D POOL, J. R					
STREET ADDRESS	5410 26TH ST., W.		ı		الم المسلم ا	
CITY-ST-ZIP	BRADENTON, FL PST	****	₩/Y Y :;		U00000078464 n3/08/04-80027-003 150.00	
TITLE NAME	MCLAUGHLIN, MARGARET				50 00 04 000E: 000 100.00	
STREET ADDRESS	5250 RIVERVIEW BLVD.		į			
CITY-ST-ZIP	BRADENTON, FL					
NAME						
STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE				Commercial Commercial	THIS SPACE	
NAME			1	11.4	I TIIS SPACE	
STREET ADDRESS CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS CITY-ST-ZIP						
TITLE		<u> </u>				
NAME						
STREET ADDRESS CITY-ST-ZIP			ł			

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)( i), 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: an of that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustee empowered.