

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00078

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: CAL WILSON TRACTOR SERVICE, INC.

## Current Principal Place of Business:

7284 SUNSHINE GROVE RD  
BROOKSVILLE, FL 34613 US

## New Principal Place of Business:

## Current Mailing Address:

7284 SUNSHINE GROVE RD  
BROOKSVILLE, FL 34613 US

## New Mailing Address:

FEI Number: 59-2025812

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VICTORIA L. WILSON  
1512 OAKHURST DR  
BROOKSVILLE, FL 34601 US

## Name and Address of New Registered Agent:

WILSON, VICTORIA L PRES.  
1512 OAKHURST DR  
BROOKSVILLE, FL 34601 US

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.

SIGNATURE: VICTORIA L. WILSON

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: WILSON, CALVIN  
Address: 5268 CYRIL DRIVE  
City-St-Zip: DADE CITY FL,

Title: SD ( ) Delete  
Name: WILSON, MAUREEN C  
Address: 5268 CYRIL DRIVE  
City-St-Zip: DADE CITY FL,

Title: PTD ( ) Delete  
Name: WILSON, VICTORIA L.  
Address: 1512 OAKHURST DR  
City-St-Zip: BROOKSVILLE, FL 34601

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTORIA L. WILSON

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date