## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2005 08:00 AN Secretary of State

1. Entity Nan	MENT # H46791	RACTORS, INC.		Secretary of State
Principal Place 328 PINE RA OSPREY, FL		Mailing Address PO BOX 308 OSPREY, FL 34229		
		5 T-		04032005 No Chg-P CR2E034 (10/03)
C	OO NOT WRITE	IN THIS SPA	CE	04032005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For S9-2507957 Not Applied be S8.75 Additional Fee Required
328 PINE	6. Name and Address of Current R E, SANDRA RANCH TRAIL FL 34229	egistered Agent		DO NOT WRITE IN THIS SPACE
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 typod or anded 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, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.  DITE  MAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP	P SANZONE, S.R. 328 PINE RANCH TRAIL OSPREY, FL 34229 ST SANZONE, P 328 PINE RANCH TRAIL OSPREY, FL 34229	TRECTORS		U00000357928 05/04/05-80035-009 150.00
TITLE NAME STREET ADDRESS CITY STATE TITLE				DO NOT WRITE IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				IN THIS SPACE
CITY-ST-ZIP  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)(1), 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 attechment with all other like empowered.  SIGNATURE:				
SIGNATURE AND TYPED OF PROVIED NAME OF SIGNING DEPOSITOR DIRECTOR DIRECTOR DIRECTOR				