

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

DOCUMENT # L03000051906

1. Entity Name

WILLIAM F JONES TRACTOR WORK, LLC



02-17-2006 90031 001 *****5.00

02-17-2006 90031 002 *****50.00

Principal Place of Business

~~3826 AVENUE O, NW~~
WINTER HAVEN FL 33881

Mailing Address

~~3826 AVENUE O, NW~~
WINTER HAVEN FL 33881

2. Principal Place of Business

3. Mailing Address

90 PINE WOOD LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINTER HAVEN FLA

Zip

Country

Zip

Country

33881

FLA

4. FEI Number

59-3108415

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, WILLIAM F
~~3826 AVENUE O, NW~~
WINTER HAVEN FL 33881

Name

WILLIAM F. JONES

Street Address (P.O. Box Number is Not Acceptable)

90 PINEWOOD LANE

City

WINTER HAVEN

FL

Zip Code
33881

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

William F Jones

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

(NOTE: Registered Agent signature required when re-registering)

2-6-06

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
JONES, WILLIAM F
~~3826 AVENUE O, NW~~
WINTER HAVEN FL 33881

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
WILLIAM F JONES Tractor
WILLIAM F JONES TRACTOR WORK LLC
90 PINEWOOD LANE
Winter Haven FLA 33881

☒ Change ☐ Addition

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM F JONES

2-6-06

863-956-7875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #