2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

01-23-2007 90057 013 *****5.00
02-14-2007 90216 035 ****50.00
L03000051906

FILED

2007 MAR 21 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E083 (10/06)

DOCUMENT # L03000051906

1. Entity Name

WILLIAM F JONES TRACTOR WORK, LLC

Principal Place of Business	Mailing Address
~~3820 AVENUE O, NW~~ ~~WINTER HAVEN FL 33881~~	90 PINE WOOD LANE ~~WINTER HAVEN~~ FL 33881 Lake alfred
2. Principal Place of Business - No P.O. Box #	3. Mailing Address: 90 Pinewood Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Lake alfred
Zip / Country	Zip: 33850 / Country: Polk

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

JONES, WILLIAM F
90 PINEWOOD LN
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JONES, WILLIAM F 90 PINE WOOD LANE WINTER HAVEN FL 33881 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 2-13-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #