



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90159 017 ****55.00

DOCUMENT # L03000054621					
1. Entity Name TRACTOR WORKS AND HAULING, LLC					
Principal Place of Business 9829 BRIDLEWOOD ROAD LOT B PENSACOLA, FL 32526			Mailing Address 9829 BRIDLEWOOD ROAD LOT B PENSACOLA, FL 32526		
2. Principal Place of Business - No P.O. Box # 9797 Bridlewood Rd Suite, Apt. #, etc.		3. Mailing Address 9797 Bridlewood Rd. Suite, Apt. #, etc.		60035134 	
City & State Pensacola FL Zip: 32526 Country:		City & State Pensacola FL Zip: 32526 Country:		04042007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 01-0828228				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent BUSBEE, MARION P 9829 BRIDLEWOOD ROAD LOT B PENSACOLA, FL 32526			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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BUSBEE, MARION P 9829 BRIDLEWOOD RD LOT B PENSACOLA, FL 32526	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	9797 Bridlewood Rd Pensacola FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Marion Paul Busbee</u>			<u>Marion Paul Busbee</u>		Date: <u>4/9/07</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #: <u>850-449-3330</u> <u>850-944-2763</u>		