


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Sep 13, 2005 8:00 am**  
**Secretary of State**

09-13-2005 90025 004 \*\*\*\*50.00

**DOCUMENT # L04000079916**  
1. Entity Name  
**WARD TRACTOR SERVICES LLC**



Principal Place of Business  
1442 COVEY RIDE  
TALLAHASSEE FL 32312

Mailing Address  
1442 COVEY RIDE  
TALLAHASSEE FL 32312

*Tallahassee FL*



2. Principal Place of Business  
*1442 Covey Ride*

3. Mailing Address  
Suite, Apt. #, etc.

2nd MOORE CR2E083 (5/05)

City & State  
*Tallahassee, FL*

City & State  
*Same*

4. FEI Number  
*238-19-3356*

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

Zip Country Zip Country  
*32312 Same*

6. Name and Address of Current Registered Agent

**WARD, JIM**  
1442 COVEY RIDE  
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name  
*Same*

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 *J. Ward*

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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	WARD, JIM	1442 COVEY RIDE	TALLAHASSEE FL 32312	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *J. Ward*

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