

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2007 8:00 am
Secretary of State

02-19-2007 90193 048 ****50.00

DOCUMENT # L05000036486

1. Entity Name
A-1-TRACTOR"L.C."



Principal Place of Business

**613169 RIVER RD.
CALLAHAN, FL 32011**

Mailing Address

**613169 RIVER RD.
CALLAHAN, FL 32011**

30002115



02192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1115983

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EDDY, JOSEPH C
613169 RIVER RD.
CALLAHAN, FL 32011**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	EDDY, JOSEPH C
STREET ADDRESS	613169 RIVER RD.
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	MGRM
NAME	EDDY, BRIAN D
STREET ADDRESS	613169 RIVER RD.
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Joseph C. Eddy **JOSEPH C. EDDY** 03-08-07 904-879-3350