


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

| | |
|---|--|
| DOCUMENT # M07240 1. Entity Name B. S. I. TRACTOR, INC. |  |
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|---|---|
| Principal Place of Business C/O E. T. HUNTER 1930 TYLER STREET HOLLYWOOD, FL 33020 | Mailing Address C/O E. T. HUNTER 1930 TYLER STREET HOLLYWOOD, FL 33020 |
|---|---|

U00000552635
05/15/06-80017-012 150.00



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2469239

| | |
|-------------|-------------|
| Applied For | Not Applied |
|-------------|-------------|

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUNTER, E. T.
1930 TYLER STREET
HOLLYWOOD, FL 33020

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | PS |
| NAME | SHACKELFORD, JAMES |
| STREET ADDRESS | 4455 S.W. 68TH AVE. |
| CITY-ST-ZIP | FT. LAUDERDALE, FL |
| TITLE | TD |
| NAME | HAWTHORNE, EARL |
| STREET ADDRESS | ROUTE 2, BOX 374 |
| CITY-ST-ZIP | CAIRO, GA |
| 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**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06

Date

954-925-80X

Daytime Phone #