


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000114396 1. Entity Name A & B TRACTOR WORKS, INC.	
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Principal Place of Business 6978 PAUL HOWARD DR. JACKSONVILLE, FL 32222	Mailing Address 6978 PAUL HOWARD DR. JACKSONVILLE, FL 32222
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DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3759564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, RANDY JR
6978 PAUL HOWARD DR.
JACKSONVILLE, FL 32222

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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	04/27/05-80131-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, RANDY JR 6978 PAUL HOWARD DR. JACKSONVILLE, FL 32222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARK, CAROL 6978 PAUL HOWARD DR. JACKSONVILLE, FL 32222
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IN THIS SPACE**

12. 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 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: Randy B. Clark Jr. x 4/22/05 x 219-8442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
(704)