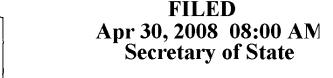
2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P02000003675 1. Entity Name JOHN MASON TRACTOR, INC. Principal Place of Business Mailing Address





1588 EAST JEFFERSON STREET BROOKSVILLE, FL 34601

1588 EAST JEFFERSON STREET BROOKSVILLE, FL 34601



04232008 DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) Applied For 4. FEI Number

5. Certificate of Status Desired

02-0538567

Not Applicable \$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

MASON, JOHN F JR 1588 EAST JEFFERSON STREET BROOKSVILLE, FL 34601

SIGNATURE

DO NOT WRITE IN THIS SPACE

SIGNATURE	Signales - restart - more name of registered against and little	applicable. (NOTE: Registere	d Agent signature required	when reinstating)		DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay A, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing \$5.0	00 May Be ad to Fees			
10.	OFFICERS AND DIREC	CTORS				Contract of Antique Contract	4.4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MASON, JOHN F JR 1588 EAST JEFFERSON STREET BROOKSVILLE, FL 34601						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					15/22/08-96 15/22/08-96 15/21/15/15/15/15/15/15/15/15/15/15/15/15/15	1014002 150.00	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SE	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41.5	. 4	are was				
TITLE NAME- STREET ADDRESS CITY-ST-ZIP							

12. Thereby 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 AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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