2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 27, 2007 08:00 AM Secretary of State DOCUMENT # P02000126869 1. Entity Namo DOUG'S TRACTOR SERVICE, INC. Principal Place of Business Mailing Address 3274 LAKE PADGETT DR. LAND O LAKES FL 34639 3274 LAKE PADGETT DR. LAND O LAKES FL 34639 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suite, Apt. #, etc. Suite, Apt. #, atc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 27-0053091 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OBERTON, RUBY L 3274 LAKE PADGETT DRIVE Street Address (P.O. Box Number is Not Acceptable) LAND O' LAKES FL 34639 City 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change HILE ☐ Defete 11116 Addition OBERTON, RUBY L. NAMi NAM 3274 LAKE PADGETT DRIVE STRULT ADDRESS STREET ADDRESS LAND O' LAKES FL 34639 CHY ST ZIP CHY-SI-7IP пШ ☐ Delete . 🔲 Change 🕳 🔲 Addition SPAYDE, DOUGLAS MAM NAM U00000735463 3274 LAKE PADGETT DR. STREET ADDRESS STREET ADDRESS 05/10/07-80034-020 150.00 CHY-S1-7/P LAND O LAKES FL 34639 CHY-ST ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP Change DOLL ☐ Delete ☐ Addition NAMI NAMÉ STRUET ADDRESS STREET ADDRESS CHY ST-ZIP CITY-SI-ZIP Delete ☐ Change Addition HILL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP mif. TITLE ☐ Change Addition ☐ Delete NAMI NAME STREET ADDRESS STREET ADDRESS CITY-S1-/IP CITY-SI-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 offect as if made under eath; that I am an officer or director of the corporation or the receiver or trustoe empowered to execute this report as required by Chapter 607, Florida Statutos; 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.