

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000131411

FILED
Apr 27, 2009
Secretary of State

Entity Name: MARTIN'S TRACTOR SERVICE, INC.

Current Principal Place of Business:

1003 ANCLOTE BOULEVARD
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

6106 ILLINOIS AVENUE
NEW PORT RICHEY, FL 34653 US

Current Mailing Address:

1003 ANCLOTE BOULEVARD
TARPON SPRINGS, FL 34689 US

New Mailing Address:

6106 ILLINOIS AVENUE
NEW PORT RICHEY, FL 34653 US

FEI Number: 57-1143416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAMS, MARTIN T
1003 ANCLOTE BOULEVARD
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

ABRAMS, MARTIN T
6106 ILLINOIS AVENUE
NEW PORT RICHEY, FL 34653 US

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.

SIGNATURE:

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PPTS () Delete
Name: ABRAMS, MARTIN T
Address: 1003 ANCLOTE BOULEVARD
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: D () Delete
Name: ABRAMS, MARTIN T
Address: 1003 ANCLOTE BOULEVARD
City-St-Zip: TARPON SPRINGS, FL 34689 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PPTS (X) Change () Addition
Name: ABRAMS, MARTIN T
Address: 6106 ILLINOIS AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: D (X) Change () Addition
Name: ABRAMS, MARTIN T
Address: 6106 ILLINOIS AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34653 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN T. ABRAMS

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date