2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 08:00 A
Secretary of State

| ANNUAL REPUB | <u> </u> | 1V1ay 21, 2007 00 |
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| DOCUMENT # P02000134620 | | Secretary of St |
| 1. Entity Name | | |
| DAN'S TRACTOR SERVICE, INC. | | |
| Principal Place of Business Mailing Addre | ess | |
| 6810 STALEY FARMS RD . 6810 STALE | EY FARMS RD | |
| FORT MYERS, FL 33905 FORT MYER | J, I L 33303 | |
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| | UO ODAOE | 04062007 No Chg-P CR2E034 (11/05) |
| DO NOT WRITE IN TH | IIS SPACE | 4. FEI Number Applied For 20-0138480 Not Applicable |
| | The state of the state of the state of the state of | \$9.75 Additional |
| • | <u> </u> | 5. Certificate of Status Desired Fee Required |
| 6. Name and Address of Current Registered Age | 11 () () () () () () () () () (| AS TO CONTRACT STORY OF THE STO |
| GRINSTEAD, DANNY D 6810 STALEY FARMS RD | | DO NOT WRITE |
| FORT MYERS, FL 33905 | . * | IN THIS SPACE |
| | | |
| | | The control of the state of the |
| The above named entity submits this statement for the purpose of the obligations of registered agent. | changing its registered office or registe | ered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE | | |
| Signature, typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature require | od when reinstating) DATE |
| | st Fund Contribution. | 5.00 May Be ded to Fees |
| | | |
| 10. OFFICERS AND DIRECTORS | | |
| NAME GRINSTEAD, DANNY D | | to the second se |
| STREET ADDRESS 6810 STALEY FARMS RD CITY-SI-ZIP FORT MYERS, FL 33905 | | |
| rinte D |) y "r | U00000764752 05/31/07-80008-020 550, |
| NAME GRINSTEAD, MARILYN L SIREET ADDRESS 6810 STALEY FARMS RD | ا الله الله الله الله الله الله الله ال | 007 017 01 00000 020 0000 |
| CITY-SI-ZIP FORT MYERS, FL 33905 | ** *** **** ************************** | |
| TITLE | | |
| NAME STREET ADDRESS | ε | DO NOT WOITE |
| CITY-ST-ZIP | The same of the sa | DO NOT WRITE IN THIS SPACE |
| TITLE NAME | | IN THIS SPACE |
| STREET ADDRESS | | |
| CITY-S1-ZIP | 30 pt 10 pt | |
| IIILE NAME | | |
| STREET ADDRESS | * * . | |

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 suppliemental 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 lijes empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STATES DANNY GAINS

5/18/07 359-687-2232