


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000134859		
1. Entity Name WILSON'S TRACTOR AND SUPPLY CO.		
Principal Place of Business 12410 U.S. HIGHWAY 301 DADE CITY, FL 33525	Mailing Address 12410 U.S. HIGHWAY 301 DADE CITY, FL 33525	
DO NOT WRITE IN THIS SPACE		



03052004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2313933	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 WILSON, BRUCE 12410 U.S. HIGHWAY 301 DADE CITY, FL 33525

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, BRUCE 15134 PUCKETT LANE DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRM WILSON, BRUCE 15134 PUCKETT LANE DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, IRENE 14339 BELLAMY BROS BLVD DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000131162
04/26/04-80145-003 150.00

**DO NOT WRITE
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: Irene Johnson Irene Johnson 4-12-04 352-567-5002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #