2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2004 8:00 am Secretary of State

AFFORDABLE TRACTOR SERVICE INC. Principal Place of Business Mailing Address 2810 LAKEMONT RD AREBOURNE, R. 32935 MELBOURNE, R. 32935 Suite, Apr. 4, etc. Doy & State Tig. Country Butte, Apr. 4, etc. Doy & State 1. Fincipal Place of Business Suite, Apr. 4, etc. Doy & State 1. Fincipal Place of Business Suite, Apr. 4, etc. Doy & State 1. Fincipal Place of Business Suite, Apr. 4, etc. Doy & State 1. Fincipal Place of Business Suite, Apr. 4, etc. Doy & State 1. Fincipal Place of Business Suite, Apr. 4, etc. Doy & State 1. Fincipal Place of Business Suite, Apr. 4, etc. Doy & State 1. Fincipal Place of Business Suite, Apr. 4, etc. Doy & State 1. Fincipal Place of Business Suite, Apr. 4, etc. Doy & State 1. Fincipal Place of Business Suite, Apr. 4, etc. Doy & State 1. Fincipal Place of Business Suite, Apr. 4, etc. Doy & State 1. Fincipal Place of Business Suite, Apr. 4, etc. Doy & State 1. Fincipal Place of Business Suite, Apr. 4, etc. Doy & State 1. Fincipal Place of Business Suite, Apr. 4, etc. Doy & State 1. Fincipal Place of Business Suite, Apr. 4, etc. Doy & State 1. Fincipal Place of Business Suite, Apr. 4, etc. Doy & State 1. Fincipal Place of Business Suite, Apr. 4, etc. Doy & State 1. Fincipal Place of Business Suite, Apr. 4, etc. Doy & State 1. Fincipal Place of Business Suite, Apr. 4, etc. Doy & State 1. Fincipal Place of Business Suite, Apr. 4, etc. Doy & State 1. Fincipal Place of Business Suite, Apr. 4, etc. Doy & State 1. Fincipal Place of Business Suite, Apr. 4, etc. Doy & State 1. Fincipal Place of Business Suite, Apr. 4, etc. Doy & State Suite, Apr. 4, etc.	DOCUI 1. Entity Nam	MENT # P0300000	7662			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	03-15-200	4 90007 0:	26 ***1	50.00
28 O LAKEMONT RD MELBOURNE, FL 32935 2. Principal Place of Buanness 3. Melling Address 4. FEI Number 1.3			E INC.							
28 D LAKEMONT RD MELBOURNE, RI 32935 5. Principal Place of Business 5. Melling Address 5. Suite, April, # otc. City & State A. FEI Number 13. — Had 3 2417 Appried Fc 13. — Had 3 2417 Annual and Address of Current Registered Agent Name MILLER, ALLEN MILLER, ALLEN MILLER, ALLEN MILLER, ALLEN Street Address (F O. Box Number is Not Acceptable) MILLER, ALLEN MILLER, ALLEN City & State Address (F O. Box Number is Not Acceptable) MILLER, ALLEN City & State Address (F O. Box Number is Not Acceptable) MILLER, ALLEN Displaced address (F O. Box Number is Not Acceptable) MILLER, ALLEN Displaced address (F O. Box Number is Not Acceptable) MILLER, ALLEN Displaced address (F O. Box Number is Not Acceptable) MILLER, ALLEN Displaced address (F O. Box Number is Not Acceptable) MILLER, ALLEN Displaced address (F O. Box Number is Not Acceptable) MILLER, ALLEN Displaced address (F O. Box Number is Not Acceptable) MILLER, ALLEN Displaced address (F O. Box Number is Not Acceptable) MILLER, ALLEN Displaced address (F O. Box Number is Not Acceptable) MILLER, ALLEN Displaced address (F O. Box Number is Not Acceptable) MILLER, ALLEN Displaced address (F O. Box Number is Not Acceptable) MILLER, ALLEN Displaced address (F O. Box Number is Not Acceptable) MILLER, ALLEN Displaced address (F O. Box Number is Not Acceptable) Displaced address (F O. Box Number is Not Acceptable) Displaced address (F O. Box Number is Not Acceptable) Displaced address (F O. Box Number is Not Acceptable) Displaced address (F O. Box Number is Not Acceptable) Displaced address (F O. Box Number is Not Acceptable) Displaced address (F O.	Principal Place	e of Business	Mailing Address			-				
B. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Since Apt. #,	2810 LAKEM	ONT RD	2810 LAKEMONT R				e de la comp		54.01	8126
City & State Country Zip Country S. Contribute of Status Desired S. Contribute of Status Desired S. Reme and Address of Current Registered Agent Name T. Name and Address of New Registered Agent Name Name Name Name Name Name Name Name Name Sirect Address (P.O. Box Number is Not Acceptable) City FL Zip Code To Registered Agent Name City City FL Zip Code To Registered Agent Name	. Principal Pl	lace of Business	3. Mailing Address		·					
Section Sect	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E034	(10/03)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Sireet Address (P.O. Box Number is Not Acceptable) FL Zip Code City FL Zip Code The above named antly 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 acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of Charge in Florida of Florida of Registered Agent. State Address (P.O. Box Number is Not Acceptable) State Add	City & State		City & State							plied For t Applicable
MILLER, ALLEN 2097-A SARNO RD MELBOURNE, FL 32935 City FL Zip Code						5. Certificate of	of Status Desired	\$	8.75 Add e Required	itional
Sirect Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code 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 acc the obligations of registered agent. IGNATURE Signature Signa		6. Name and Address of Curre	nt Registered Agent		Name: "	7. Name and	Address of New R	egistered Ag	ent	
City FL Zip Code	ИILLER, A	LLEN								
In the above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidented to the obligations of registered agent. In a bove named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidented agent ag					Street Address	s (P.O. Box Number	r is Not Acceptable	e) 		
The obligations of registered agent. IGNATURE		•			City		- CALO	FL	Zip Code	·
ARTOR May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.	IGNATURE_	Signature, typed or printed name of registered again	ent and title if applicable. (I	NOTE: Registers	od Agent signature requir	red when reinstating)	.,,	*DATE		
TILE MAKE FANNON, DARROLD D SHEET ADDRESS ITY-ST-2P TILE MAKE TREET ADDRESS TIT-ST-2P TITLE TREET ADDRESS TIT-ST-2P TREET ADDRESS TREET ADDRE						5.00 May Be dded to Fees				
MAKE FANNON, DARROLD D RECEI ADDRESS RIVES JORDESS RIVES JORDES RIVES JORDESS RIVES JORDES RIVES JORDES RIVES JORDES RIVES JORDES RIVES JORDES RIVES JORDES						ADDITIONS/C	HANGES TO OFF			
TILE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAK	AME Treet address	FANNON, DARROLD D 2810 LAKEMONT RD	∟ Delete	NAM STR	EET ADDRESS			L	Change	Addition
NAME IREET ADDRESS IREET ADDRESS ITY-ST-ZIP TILE AME IN AME IREET ADDRESS ITY-ST-ZIP TILE AME IN		WELBOURNE, PL 32934	□ Potata	1_					7 Change	Addition
THE MANE MANE MANE MANE MANE MANE MANE MANE	AME Freet Address			. NAM	ie Eet address				Gridinge	rissilion
TY-ST-ZIP CITY-ST-ZIP CHange Add AME IREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE	TLE		☐ Delete		j				Change	Addition
MAME IREET ADDRESS ITY-ST-ZIP ITILE AME IREET ADDRESS CITY-ST-ZIP 2. 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 informatic indicated on his 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 direct 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 1 changed, or on an attachment with an address, with all other like empowered.										
TREET ADDRESS TREET ADDRESS CITY-ST-ZIP TITLE MAKE MAKE MAKE STREET ADDRESS CITY-ST-ZIP TITLE MAKE MAKE	AME		☐ Delete	NAM	1E			[Change	Addition
TREET ADDRESS ITY-ST-ZIP TILE MAKE IREET ADDRESS CITY-ST-ZIP TITLE MAKE IREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 2. 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 direct 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 1 changed, or on an altachment with an address, with all other like empowered.			☐ Delete	-+				[☐ Change	Addition
NAME STREET ADDRESS ITY-ST-ZIP 2. 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 informatic 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 direct 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 1 changed, or on an attachment with an address, with all other like empowered.	TREET ADDRESS			STR	EET ADDRESS					
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 direct 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 1 changed, or on an attachment with an address, with all other like empowered.	ame Treet address		☐ Delete	NAN Stri	ne Eet address			(Change	Addition
1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	indicated	on this report or supplemental repor	t is true and accurate and the	iat my signa	iture shall have the	e same legal effect	as if made under	oath; that I am	an officer	or director
SIGNATURE: 3/10/09	LA IACI	UDE. DUANA	lal-tumo	u /			3/10/04	/ -		