04/23/2004 13:05 9419451031 PATRICIA L F

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91032 040 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000067337

1. Entity Name
TRACTOR IMPLEMENTS PLUS, INC.

Principal Place of Business	Mailing Address
13800 ORANGE RIVER BLVD. FORT MYERS, FL 33905	13800 ORANGE RIVER BLVD. FORT MYERS, FL 33905

04232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7261 W Hwy 80	7261 W Hwy 80
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Alva FL	City & State: Alva FL
Zip: 33920 Country: USA	Zip: 33920 Country: USA

4. FEI Number 65-1191973 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZARECKY, JOHN E
13800 ORANGE RIVER BLVD.
FORT MYERS, FL 33905

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
7261 W Highway 80
City Alva FL Zip Code 33920

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 ______ 4/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	ZARECKY, JOHN E	NAME	
STREET ADDRESS	13800 ORANGE RIVER BLVD.	STREET ADDRESS	7261 W. Highway 80
CITY-ST-ZIP	FORT MYERS, FL 33905	CITY-ST-ZIP	Alva, FL 33920
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: ______ 4/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #