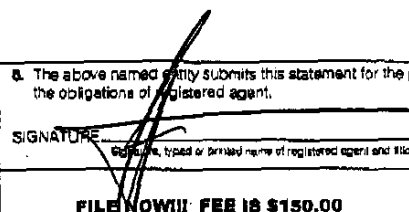
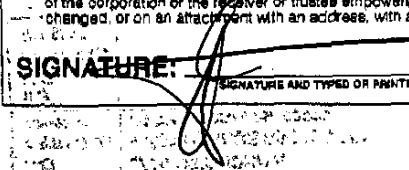


FILED
Apr 26, 2004 8:00 am
Secretary of State

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 13800 ORANGE RIVER BLVD. FORT MYERS, FL 33905		Mailing Address 13800 ORANGE RIVER BLVD. FORT MYERS, FL 33905	
2. Principal Place of Business 7261 W HWY 80 Suite, Apt. #, etc.		3. Mailing Address 7261 W HWY 80 Suite, Apt. #, etc.	
City & State ALVA FL Zip 33920 Country USA		City & State ALVA FL Zip 33920 Country USA	
4. FEI Number 65-191973		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		Additional Fee Required \$0.75	
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 HWY 80 City ALVA State FL Zip 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  (NOTE: Registered Agent signature required when reinstating) Date 4/23/04			
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 NAME STREET ADDRESS CITY-ST-ZIP D ZARECKY, JOHN E 13800 ORANGE RIVER BLVD. FORT MYERS, FL 33905		TITLE NAME STREET ADDRESS CITY-ST-ZIP 7261 W. HWY 80 ALVA, FL 33920	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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: 		Date 4/23/04	