

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000091136

1. Entity Name
T&L TRACTOR SERVICE, INC.



Principal Place of Business
2702 S.W. SOMBER ROAD
PORT SAINT LUCIE, FL 34953 US

Mailing Address
2702 S.W. SOMBER ROAD
PORT SAINT LUCIE, FL 34953 US

FILED
May 02, 2005 08:00 AM
Secretary of State



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number
54-2122670

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEMON, LARRY T
2702 S.W. SOMBER ROAD
PORT SAINT LUCIE, FL 34953

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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000355885
05/04/05-80013-008 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEMON, LARRY T
STREET ADDRESS	2702 S.W. SOMBER ROAD
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	VP
NAME	LEMON, TRACEY A
STREET ADDRESS	2702 S.W. SOMBER ROAD
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05 772-485-465

Date

Daytime Phone #