

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90051 039 ***158.75

DOCUMENT # P03000103221

1. Entity Name

AMERICAN TRACTOR SERVICE INC.



Principal Place of Business

P.O. BOX 38
WEIRSDALE FL 32195

Mailing Address

P.O. BOX 38
WEIRSDALE FL 32195

2. Principal Place of Business

16375 S.E. 162ND CT.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Weirsdale, FL

City & State

Weirsdale, FL

Zip

32195

Country

MARION

Zip

32195

Country

USA

4. FEI Number

57-1186147

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

TERRY, PATRICIA
16375 S.E. 162ND COURT
WEIRSDALE FL 32195

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME TERRY, TONY
STREET ADDRESS P.O. BOX 38
CITY-ST-ZIP WEIRSDALE FL 32195

TITLE D ☐ Delete
NAME TERRY, JASON
STREET ADDRESS 16375 SE 162ND CT
CITY-ST-ZIP WEIRSDALE FL 32195

TITLE D ☐ Delete
NAME PINKERTON, EDWARD
STREET ADDRESS 16375 E 162ND CT
CITY-ST-ZIP WEIRSDALE FL 32195

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Patricia Terry Patricia Terry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-06 352-821-0852

Date

Daytime Phone #