


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000117443</b>	
1. Entity Name <b>HANKERSON'S TRACTOR WORK, INC.</b>	

Principal Place of Business <b>1202 N KINGSWAY RD SEFFNER, FL 33584-3608</b>	Mailing Address <b>1202 N KINGSWAY RD SEFFNER, FL 33584-3608</b>
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01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0320788</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>HANKERSON, ROBERT 1202 N KINGSWAY RD SEFFNER, FL 33584-3608</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**U000000383368  
01/12/06-80051-004 158.75**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST HANKERSON, ROBERT 1202 N KINGSWAY RD SEFFNER, FL 335843608</b>
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Robert Hankerson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-06  
Date

813-689-9727  
Daytime Phone #