


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # P03000117443. 1. Entity Name HANKERSON'S TRACTOR WORK, INC.	
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Principal Place of Business 1202 N KINGSWAY RD SEFFNER, FL 33584-3608	Mailing Address 1202 N KINGSWAY RD SEFFNER, FL 33584-3608
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01102007 No Chg-P CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HANKERSON, ROBERT 1202 N KINGSWAY RD SEFFNER, FL 33584-3608

**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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**000000583922
01/12/07-80016-006 158.75**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HANKERSON, ROBERT 1202 N KINGSWAY RD SEFFNER, FL 335843608
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**DO NOT WRITE
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 **ROBERT HANKERSON** 1-10-07 813 477-5036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #