


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000118508</b>	
<b>1. Entity Name</b> PETE WATERS TRACTOR SERVICE, INC.	

<b>Principal Place of Business</b> 2846 THORNHILL ROAD WINTER HAVEN, FL 33880	<b>Mailing Address</b> 2846 THORNHILL ROAD WINTER HAVEN, FL 33880
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01152007 No Chg-P CR2E034 (11/05)

<b>4. FE# Number</b> 20-0359348	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  WATERS, ARTHUR 2846 THORNHILL ROAD WINTER HAVEN, FL 33880
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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.**

<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b> _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	DP
<b>NAME</b>	WATERS, ARTHUR
<b>STREET ADDRESS</b>	2846 THORNHILL ROAD
<b>CITY-ST-ZIP</b>	WINTER HAVEN, FL 33880
<b>TITLE</b>	ST
<b>NAME</b>	PATTERSON, NANCY
<b>STREET ADDRESS</b>	10010 FOX CENTRAL
<b>CITY-ST-ZIP</b>	POLK CITY, FL 33868
<b>TITLE</b>	V
<b>NAME</b>	PRICE, SHAWN
<b>STREET ADDRESS</b>	7526 PLEASANT DR
<b>CITY-ST-ZIP</b>	HAINES CITY, FL 33844
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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05/16/07-80067-005 150.00

**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.**

<b>SIGNATURE:</b> <u>Nancy Patterson</u> <b>SECRETARY</b>	<u>Sect/Treas.</u>	<u>6/15/07 863-559-6566</u>
<small>Signature and Title of Secretary, Treasurer, or Director</small>	<small>Date</small>	<small>Daytime Phone #</small>