

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90190 006 ***150.00

DOCUMENT # P03000118732

1. Entity Name
A 1 TRACTOR SERVICE, INC.



Principal Place of Business
5835 BOGGS FORD RD.
PORT ORANGE, FL 32127

Mailing Address
5835 BOGGS FORD RD.
PORT ORANGE, FL 32127

40002470



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

13-4247003

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEONE, MARIO J
5835 BOGGS FORD RD.
PORT ORANGE, FL 32127

Name

Street Address (If 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 of signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
LEONE, MARIO J ☐ Delete
STREET ADDRESS
5835 BOGGS FORD RD.
CITY- ST- ZIP
PORT ORANGE, FL 32127

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

TITLE
NAME
D
NADEAU, MARCY L ☐ Delete
STREET ADDRESS
5835 BOGGS FORD RD
CITY- ST- ZIP
PORT ORANGE, FL 32127

TITLE
NAME
D
NADEAU, MARCY L ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
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☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

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:

Marcy Nadeau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/07

386-304-1203

Date

Daytime Phone #