

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000125458 1. Entity Name HAL WALDEN TRACTOR SERVICE, INC.	
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Principal Place of Business 2333 MARY ANN DRIVE SOUTHPORT, FL 32409	Mailing Address 2333 MARY ANN DRIVE SOUTHPORT, FL 32409
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DO NOT WRITE IN THIS SPACE

03112005 No Chg-P CR2E034 (10/03)

4. FEI Number 05-0592505	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALDEN, HAROLD L 2333 MARY ANN DRIVE SOUTHPORT, FL 32409
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALDEN, HAROLD L 2333 MARY ANN DRIVE SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALDEN, DEBRA M 2333 MARY ANN DRIVE SOUTHPORT, FL 32409
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IN THIS SPACE**

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04/27/05-80096-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Debra M. Walden 3-22-05 850-832-4584