

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000126840

FILED  
Apr 26, 2004  
Secretary of State

Entity Name: L & K TRACTOR SERVICE, INC.

## Current Principal Place of Business:

5581 SW 197 TERRACE  
DUNNELLON, FL 34431

## New Principal Place of Business:

## Current Mailing Address:

5581 SW 197 TERRACE  
DUNNELLON, FL 34431

## New Mailing Address:

FEI Number: 11-3707110

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARTHUR, KENNY  
5581 SW 197 TERRACE  
DUNNELLON, FL 34431

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: ARTHUR, KENNY  
Address: 5581 SW 197 TERRACE  
City-St-Zip: DUNNELLON, FL 34431

Title: DV ( ) Delete  
Name: LANIER, LEROY  
Address: 11250 SE COUNTY RD 337  
City-St-Zip: DUNNELLON, FL 34431

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNY ARTHUR

DP

04/26/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date