

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000131052 1. Entity Name ALLEN & ALLEN TRACTOR SERVICE INC	
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Principal Place of Business 314 PINEHURST ST LAKELAND, FL 33805 US	Mailing Address 314 PINEHURST ST LAKELAND, FL 33805 US
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DO NOT WRITE IN THIS SPACE



04262008 No Chg-P¹ CR2E034 (11/05)

4. FEI Number 20-0391827	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ALLEN, WILBUR SR
314 PINEHURST STREET
LAKELAND, FL 33805**

**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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000934775 05/23/08-80046-005 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, WILBUR SR 314 PINEHURST STREET LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLEN, ERNEST 1442 N LOTELA AVENUE LAKELAND, FL 33805
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-28-08 Date	Daytime Phone #
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