

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90229 008 ***150.00

DOCUMENT # P03000139291 1. Entity Name T H TRACTOR SERVICE INC.			
Principal Place of Business 155 OSPREY HEIGHTS DRIVE N WINTER HAVEN, FL 33880 US		Mailing Address 155 OSPREY HEIGHTS DRIVE N WINTER HAVEN, FL 33880 US	
2. Principal Place of Business - No P.O. Box # 4202 Stafford Dr.		3. Mailing Address 4202 Stafford Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Winter Haven, FL		City & State Winter Haven, FL	
Zip 33880-1143		Zip 33880-1143	
Country		Country	
4. FEI Number 20-0427546		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 HOUCK, THOMAS E 155 OSPREY HEIGHTS DRIVE N WINTER HAVEN, FL 33880		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4202 Stafford Dr. City Winter Haven FL Zip Code 33880-1143	
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 x 4-24-07. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, V HOUCK, THOMAS E 155 OSPREY HEIGHTS DRIVE N WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4202 Stafford Dr. Winter Haven, FL 33880-1143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X		x 4-24-07 x 863-294-4158 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			