2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2006 08:00 AM Secretary of State

1. Entity Nar	MENT #P0300014105 THE TRACTOR SERVICES, INC.		8		Secretary of State			
Principal Pla	ce of Business M	alling Address	<u> </u>	7				
700 BENNE PIERSON, F		700 BENNETT RD. PIERSON, FL 32180						
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	O NOT WOITE	A TURO ODA	~ =	01122006	No Chg-P	CR2E	034 (11/05	i)
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number) }-	Applied For
Ì				20-046	1361			Not Applicable
			· 🙀 🖏 w	5. Certificate	of Status Desired		\$8.75 A Fee Requi	
	6. Name and Address of Current Regis	tered Agent						
BARNES & JAMES, P.A. 2629 BLAIR STONE RD.				DO	NOT W	RIT	E	
TALLAHASSEE, FL 32301			IN THIS SPACE					
			<u> </u>		·			
	e named entity submits this statement for the pations of registered agent.	ourpose of changing its register	ed office or registe	ered agent, or bo	th, in the State of Fic	orida. Ian	i tamillar wit	h, and accept
SIGNATURE	Signature, typed or printed name of registered agont and title	d applicable, [NOTE: Registero	ad Agent signature require	ed when reinstating)		DATE		
FILE NOWN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 7. Election Campaign Finan Trust Fund Contribution.				5.00 May Be ded to Fees		<u> </u>	_*	
10.	OFFICERS AND DIREC	CTORS	I				· · · · · · · · · · · · · · · · · · ·	 -
TITUE	P		I					
NAME	COUNCIL, RONNIE		ŀ					
STREET ADDRESS			į.					
CTTY-ST-ZIP	PIERSON, FL 32180		}					

TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 1117-57-27P TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

11/24/116-80089-021 158.75

12. I hereby certify that the information supplied with this filling 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

112/06

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