


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90114 010 \*\*\*150.00

<b>DOCUMENT # P03000141911</b>	
1. Entity Name <b>DOUBLE S TRACTOR SERVICE, INC.</b>	

Principal Place of Business <del>P.O. BOX 328</del> <b>ASTATULA FL 34705</b>	Mailing Address <del>P.O. BOX 328</del> <b>303</b> <del>ASTATULA FL 34705</del> <b>Groveland, Fla. 34736</b>
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2. Principal Place of Business - No P.O. Box # <b>5437 Lake Erie Rd.</b>	3. Mailing Address <b>P.O. Box 303</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State <b>Groveland, FL.</b>	City & State <b>Groveland, FL.</b>
Zip <b>34736</b>	Zip <b>34736</b>
Country <b>Lake</b>	Country <b>Lake</b>

4. FEI Number <b>200438094</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>STORY, DALE L</b> <b>5437 LAKE ERIE ROAD</b> <b>GROVELAND FL 34736</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reconstituting)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT STORY, DALE L P.O. BOX 328 ASTATULA FL 34705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STORY, JULIAN L P.O. BOX 21 MASCOTTE FL 34753 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Julian L. Story Julian L. Story 4-12-08 352-429-3008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR