2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# P03000141911

Entity Name: DOUBLE S TRACTOR SERVICE, INC.

Current Principal Place of Business:

5437 LAKE ERIE RD
GROVELAND, FL 34736

New Principal Place of Business:

Current Mailing Address:

POB 303
GROVELAND, FL 34736

New Mailing Address:

POBOX 303
GROVELAND, FL 34736

FEI Number: 20-0438094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STORY, DALE L
5437 LAKE ERIE ROAD
GROVELAND, FL 34736 US

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: PT ( ) Delete
Name: STORY, DALE L
Address: P.O. BOX 328
City-St-Zip: ASTATULA, FL 34705

Title: S ( ) Delete
Name: STORY, JULIAN L
Address: P.O. BOX 21
City-St-Zip: MASCOTTE, FL 34753

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 exemption stated 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 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: JULIAN STORY S 04/20/2009

Electronic Signature of Signing Officer or Director — Date