


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000142736 1. Entity Name JT & T TRACTOR SERVICE, INC.			
Principal Place of Business 1720 DARTMOOR LN ST AUGUSTINE, FL 32095		Mailing Address 1720 DARTMOOR LN ST AUGUSTINE, FL 32095	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0442007		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GHENNUSA, MARIE 17 OLD MISSION AVE ST AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name GENOVCA ANNE MARIE Street Address (P.O. Box Number is Not Acceptable) 17 Old Mission Ave City St. Augustine FL Zip Code 32084	
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 <u><i>Anne Marie Ghennusa</i></u> DATE <u>12/24/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARGENTIERI, JOSEPH C <input type="checkbox"/> Delete 1720 DARTMOOR LN ST AUGUSTINE, FL 32095	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 exemption stated in Section 119.07(3)(i), 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: <u><i>Joseph C. Argentieri</i></u> Joseph C. ARGENTIERI		Date <u>12/24/04</u> Daytime Phone # <u>904810-4145</u>	

FILED
04 DEC 29 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11102004 REIN-P CR2E098 (6/04)

4. FEI Number **20-0442007** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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SIGNATURE: *Joseph C. Argentieri* **Joseph C. ARGENTIERI** Date 12/24/04 Daytime Phone # 904810-4145