

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90006 032 \*\*\*550.00

**DOCUMENT # P03000143207**

1. Entity Name  
**ALTON TRACTOR SERVICE, INC.**



Principal Place of Business

**11953 DELEON DR  
NORTH PORT, FL 34287**

Mailing Address

**11953 DELEON DR  
NORTH PORT, FL 34287**

**34067569**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08052004

Chg-P

CR2E034 (10/03)

4. FEI Number

**20-0410397**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALTON, MICHAEL W  
5845 SPEARMAN CIR  
NORTH PORT, FL 34287**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

*Michael W. Alton*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **ALTON, MARTIN A**  
CITY-ST-ZIP **1626 N CRANBERRY BLVD  
NORTH PORT, FL 34286**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **ALTON, MICHAEL**  
CITY-ST-ZIP **5845 SPEARMAN CIR  
NORTH PORT, FL 34287**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **ALTON, MARTIN M**  
CITY-ST-ZIP **11953 DELEON DR  
NORTH PORT, FL 34287**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Michael W. Alton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/5/04**

**941-426-2867**

Date

Daytime Phone #

Attachment  
LAW OFFICES OF ~~DC-77~~ 103000143207  
DEAN HANEWINCKEL, P.A. 54067569  
2650 SOUTH McCALL ROAD  
ENGLEWOOD, FLORIDA 34224

(941) 473-2828  
FAX (941) 473-2868  
INFO@DEAN-LAW.COM

August 5, 2004

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Alton Tractor Service, Inc.

Dear Sir/Madam:

Enclosed please find the original 2004 For Profit Corporation Annual Report on behalf of Michael W. Alton, together with my client's check #1101 in the amount of \$550.00 representing the filing fee.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Dean Hanewinckel

DH/dl  
Enclosures

cc: Michael W. Alton