


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 29, 2007 08:00 A
Secretary of State

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	



06252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0410397	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALTON, MICHAEL W 5845 SPEARMAN CIR NORTH PORT, FL 34287	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALTON, MARTIN A 1626 N CRANBERRY BLVD NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALTON, MICHAEL 5845 SPEARMAN CIR NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALTON, MARTIN M 11953 DELEON DR NORTH PORT, FL 34287
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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06/29/07-80001-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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

6/26/07 (941) 426-2867
Date Daytime Phone #