2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000144009 DAVID ENGLISH TRACTOR SERVICE, INC.



FILED	
Mar 09, 2007 8:00 an	1
Secretary of State	

03-09-2007 90002 005 ***150.00

Principal Place of Business 1322 JEFFREY RD TALLAHASSEE, FL 32312				Mailing Address 1560 CAPITAL CIRCLE NW STE 16 TALLAHASSEE, FL 32303									
2. Principal Place of Business - No P.O. Box #				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				2052007	Chg-P	CR2E	034 (12/06)		
City & State				City & State			4	FEI Number 80-0083		Applied For Not Applicable			
Zip Country				Zip Country			5	. Certificate o	f Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Curre	nt Regis	tered Agent		7. Name and Address of New Registered Agent							
ENGLISH, 1322 JEFF TALLAHAS	REY RD	32312				Name Street Addre	ess (P.O	. Box Number	is Not Acceptable	e)	· · · · · · · · · · · · · · · · · · ·		
						City				FI	Zip Cod	e	
the obligat	tions of regist	y submits this statement lered agent.	for the p	ourpose of changing its	register	ed office or reg	gistered	agent, or both	, in the State of Fl	orida. I am	n familiar with,	and accept	
SIGNATURE.	Signature, typed	or printed name of registered age	ent and title	if applicable. (NOT	E. Registere	ed Agent signature re	equired whe	n reinstating)		DATE			
		FEE IS \$150.00 7 Fee will be \$550 OFFICERS AN		9. Election Campa Trust Fund Cont	-	ncing	Added t		HANGES TO OFF	ICEDS AN	D DIRECTOR	C IN 11	
TITLE	D	OFFICENS AN	ים חום שנ	☐ Delete	TITL	r	<u>-</u>	ADDITIONS/C	HANGES TO OFF	TOERS AN			
NAME	ENGLISH	DAVID		LI Delete	NAM	I					☐ Change	Addition	
STREET ADDRESS	1322 JEF					EET ADDRESS							
CITY-ST-ZIP		SSEE, FL 32312				-S1-ZIP							
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TITLE NAME				☐ Delete	TITU	l l	······································				☐ Change	Addition	

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.

CITY-ST-ZIP

David L EnaLisH

850 906-0545