

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR 27 PM 1:58

DOCUMENT # P03000144712

1. Entity Name
PROCTOR MOTOR COMPANY, INC.



Principal Place of Business
2373 W TENNESSEE ST
TALLAHASSEE, FL 32304

Mailing Address
PO BOX 230
TALLAHASSEE, FL 32302



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0438928

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PROCTOR, MARTIN W
2373 W TENNESSEE ST
TALLAHASSEE, FL 32304

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PROCTOR, W T JR
STREET ADDRESS	PO BOX 230
CITY-ST-ZIP	TALLAHASSEE, FL 32302
TITLE	VSD
NAME	PROCTOR, MARTIN W
STREET ADDRESS	PO BOX 230
CITY-ST-ZIP	TALLAHASSEE, FL 32302
TITLE	VTD
NAME	PROCTOR, W T III
STREET ADDRESS	PO BOX 230
CITY-ST-ZIP	TALLAHASSEE, FL 32302
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/28/06--01029--001 **150.00

**DO NOT WRITE
IN THIS SPACE**

VP 4/27

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: *Martin Proctor* MARTIN PROCTOR VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/06 850-576-5165