

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000145880

FILED
Feb 03, 2007
Secretary of State

Entity Name: CLAXTON TRACTOR SERVICE INC.

Current Principal Place of Business:

85127 HARTS RD EAST
YULEE, FL 32097

New Principal Place of Business:

Current Mailing Address:

85127 HARTS ROAD EAST
YULEE, FL 32097

New Mailing Address:

FEI Number: 20-0454322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAXTON, JOHN L
85127 HARTS RD EAST
YULEE, FL 32097 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLAXTON, JOHN L
Address: 85127 HARTS ROAD
City-St-Zip: YULEE, FL 32097

Title: D () Delete
Name: CLAXTON, CONNIE L
Address: 85127 HARTS ROAD EAST
City-St-Zip: YULEE, FL 32097

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLAXTON, JOHN L
Address: 85127 HARTS ROAD
City-St-Zip: YULEE, FL 32097

Title: VP (X) Change () Addition
Name: CLAXTON, CONNIE L
Address: 85127 HARTS ROAD EAST
City-St-Zip: YULEE, FL 32097

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE L. CLAXTON

VP

02/03/2007

Electronic Signature of Signing Officer or Director

Date