04/25/2005 09:08 FAX 8137925922 MORAN TILESTON 002

FILED
Apr 26, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000146729

1. Entity Name
DENISE HAMILTON TRACTOR SERVICE, INC.

Principal Place of Business	Mailing Address
7679 NE HWY 349 OLD TOWN, FL 32680	7679 NE HWY 349 OLD TOWN, FL 32680

DO NOT WRITE IN THIS SPACE

04252005 No Chg-P CR2E034 (10/03)

4. FEI Number
26-0076223

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TILESTON, JON E
17110 GUNN HWY
TAMPA, FL 33556-1969

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 _____ DATE
Signature, typed or printed name of individual and date if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000033297
04/26/05-80093-011 158.75

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	HAMILTON, DENISE
STREET ADDRESS	7679 NE HWY 349
CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	VT
NAME	HAMILTON, JAMES
STREET ADDRESS	7679 NE HWY 349
CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Denise Hamilton Denise Hamilton 4/25/05 (352)542-7481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #