

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 30, 2007 08:00
Secretary of State**

DOCUMENT # P03000146729

1. Entity Name
DENISE HAMILTON TRACTOR SERVICE, INC.



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

Mailing Address
**7679 NE HWY 349
OLD TOWN, FL 32680**



04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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, 2007 Fee will be \$550.00**

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

**U000000747426
05/17/07-80025-008 158.75**

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	

**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:

Denise Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07 352-542-7481
Date Daytime Phone #