


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90047 025 \*\*\*150.00

<b>DOCUMENT # P03000152250</b>			
1. Entity Name <b>LAMPKIN TRACTOR SERVICE INC.</b>			
Principal Place of Business <b>1140 S.E. LETHA CIRCLE BUILDING 5, APT. 4 STUART FL 34994</b>		Mailing Address <b>P.O. BOX 1535 STUART FL 34995</b>	
2. Principal Place of Business		3. Mailing Address <b>P.O. BOX 1535</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>STUART, FL</b>	
Zip	Country	Zip	Country
<b>34995</b>		<b>34995</b>	<b>MARTIN</b>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LAMPKIN, SR, ESPY L 1140 S.E. LETHA CIRCLE, BUILDING 5, APT 4 BUILDING 5, APT. 4 STUART FL 34994</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LAMPKIN, SR, ESPY L 1140 S.E. LETHA CIRCLE, BUILDING 5, APT 4 STUART FL 34994</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Espy L. Lampkin Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb, 5, 2005 - 772-215-5347*  
Date Daytime Phone #

00014440



1st MOORE CR2E034 (10/04)