


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90018 031 \*\*\*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 <b>1462 SW ABACUS AVE.</b>		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.



1st MOORE CR2E034 (10/05)

City & State <b>PORT ST. LUCIE, FL</b>		City & State		4. FEI Number <b>84-1631440</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34953</b>	Country <b>USA / ST. Lucie</b>	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LAMPKIN, SR, ESPY L 1140 S.E. LETHA CIRCLE, BUILDING 5, APT 4 BUILDING 5, APT. 4 STUART FL 34994</b>				7. Name and Address of New Registered Agent Name <b>S A M G</b> Street Address (P.O. Box Number is Not Acceptable) <b>1462 SW ABACUS AVE,</b> City <b>PT. ST LUCIE, FL</b> Zip Code <b>34953</b>	

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 reconstituting) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** 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</b> <b>LAMPKIN, SR, ESPY L</b> <b>1140 S.E. LETHA CIRCLE, BUILDING 5, APT 4</b> <b>STUART FL 34994</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Same</b> <b>Same</b> <b>1462 SW ABACUS AVE</b> <b>PORT ST. LUCIE, FL 34953</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Espy L. Lampkin Sr.* **ESPY L. LAMPKIN, SR.** **26-06772-878-3092**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #