2007 FOR PROFIT CORPORATION ANNUAL REPORT

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TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 29, 2007 8:00 am Secretary of State 3/1 **DOCUMENT # P04000016152** 03-15-2007 90019 014 ***150.00 TRUITT'S TRACTOR SERVICE, INC. Principal Place of Business Mailing Address 66007146 216 GRAY RD 216 GRAY RD W MELBOURNE, FL 32904 W MELBOURNE, FL 32904 2. Principal Place of Business - No P.O. Box # 1. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032007 CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 74-3113972 Zio ZiΩ Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, ALLEN 2087-A SARNO RD MELBOURNE, FL 262935 Mel hourne The above ramed entity submits this statement for the the obligations of segistered agent. purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept Signeture, Proed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignable required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DÍLE Delete TITLE Change TRUITT, RANDY L NAME NAME STREET ADDRESS 216 GRAY RD STREET ADDRESS W MELBOURNE, FL 32904 CITY-ST-ZIP CITY-ST-ZIP Dolete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change TITLE ☐ Addition NAME NALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-219 TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality 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 eath; 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

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