


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000016785</b>	
1. Entity Name <b>EDDIE'S TRACTOR SERVICE, INC.</b>	

Principal Place of Business <b>7615 62ND STREET NORTH PINELLAS PARK, FL 33781 US</b>	Mailing Address <b>7615 62ND STREET NORTH PINELLAS PARK, FL 33781 US</b>
---	---



03212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0658901</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>KOSINSKI, EDWARD C 7615 62ND STREET NORTH PINELLAS PARK, FL 33781</b>
---

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<b>KOSINSKI, EDWARD C</b>
NAME	<b>7615 62ND STREET NORTH</b>
STREET ADDRESS	<b>PINELLAS PARK, FL 33781</b>
CITY-ST-ZIP	
TITLE <b>VP</b>	<b>KOSINSKI, MICHAEL</b>
NAME	<b>7615 62ND STREET NORTH</b>
STREET ADDRESS	<b>PINELLAS PARK, FL 33781</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000705176  
04/23/07-80040-022 150.00

**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:** Edward C Kosinski Edward C Kosinski 4-10-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #