

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000019002

1. Entity Name

TRACTOR SERVICE BY TIM LARRIMORE, INC.



Principal Place of Business

2206 BANANA STREET
ST. JAMES CITY FL 33956
US

Mailing Address

2206 BANANA STREET
ST. JAMES CITY FL 33956
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-1215575

Applied For
Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LARRIMORE, TIMMY L
2206 BANANA STREET
ST. JAMES CITY FL 33956

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-installing)

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
Added to Fee

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME LARRIMORE, TIMMY L
STREET ADDRESS 2206 BANANA STREET
CITY-ST-ZIP ST. JAMES CITY FL 33956

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 319, 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: *Timmy L Larrimore* Timmy L Larrimore 04-13-06 239-283-179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #