

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000020169

1. Entity Name
NORTH WALTON TRACTOR SERVICE, INC.



May 07
Sec

Principal Place of Business
1801 COY BURGESS LOOP
DEFUNIAK SPRINGS, FL 32435

Mailing Address
1801 COY BURGESS LOOP
DEFUNIAK SPRINGS, FL 32435



05072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2451023	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NOWLING, CANDY L
1801 COY BURGESS LOOP
DEFUNIAK SPRINGS, FL 32435

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
NOWLING, CANDY L
1801 COY BURGESS LOOP
DEFUNIAK SPRINGS, FL 32435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
OSBORN, VERBON S
1801 COY BURGESS LOOP
DEFUNIAK SPRINGS, FL 32435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BD
NOWLING, CHRISTOPHER
1801 COY BURGESS LOOP
DEFUNIAK SPRINGS, FL 32435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/7/07 951-3621