


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90075 001 ***150.00
02-16-2006 90075 002 *****8.75

DOCUMENT # P04000021882	
1. Entity Name JAMES W. CARROLL TRACTOR SERVICE, INC.	

Principal Place of Business 7920 WHITE TOWER RD HASTINGS FL 32145	Mailing Address 7920 WHITE TOWER RD HASTINGS FL 32145
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2. Principal Place of Business 7920 White Tower Rd Suite, Apt. #, etc.	3. Mailing Address 7920 White Tower Rd Suite, Apt. #, etc.
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City & State Hastings FL Zip 32145 Country St Johns	City & State Hastings FL Zip 32145 Country St Johns
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4. FEI Number 51-0497721	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CARROLL, JAMES W 7920 WHITE TOWER RD HASTINGS FL 32145	
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7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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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 <u>James W Carroll</u> <u>OWNER</u> <u>1/29/06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when translating) DATE</small>	
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE D <input type="checkbox"/> Delete	NAME CARROLL, JAMES W
STREET ADDRESS 7920 WHITE TOWER RD	CITY-ST-ZIP HASTINGS FL 32145
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP

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.	
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SIGNATURE: <u>James W Carroll</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1/29/06</u> <small>Date</small>	<u>904-692-4502</u> <small>Daytime Phone #</small>
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1st MOORE CR2E034 (10/05)