


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000075707</b>		
1. Entity Name <b>TRACTOR WORKS, INC.</b>		
Principal Place of Business <b>2660 COUNTRY CLUB ROAD NORTH WINTER HAVEN, FL 33881 US</b>	Mailing Address <b>2660 COUNTRY CLUB ROAD NORTH WINTER HAVEN, FL 33881 US</b>	



03092008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>14-1908623</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>BOLICK, RIKKI 2660 COUNTRY CLUB ROAD NORTH WINTER HAVEN, FL 33881</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U000000855263  
03/27/08-80042-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BOLICK, RIKKI T 2660 COUNTRY CLUB ROAD NORTH WINTER HAVEN, FL 33880</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC BOLICK, RIKKI T 2660 COUNTRY CLUB ROAD NORTH WINTER HAVEN, FL 33881</b>
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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:** Rikki T Bolick Rikki T Bolick Pres. 3-9-08 863-287-9502  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #