

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000096457

1. Entity Name
MACK'S TRACTOR SERVICE, INC



Principal Place of Business
11130 MOUNTAIN MOCKINGBIRD ROAD
BROOKSVILLE, FL 34614

Mailing Address
11130 MOUNTAIN MOCKINGBIRD ROAD
BROOKSVILLE, FL 34614



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1300426	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

SIMMONS, MACKLIN R JR
11130 MOUNTAIN MOCKINGBIRD ROAD
BROOKSVILLE, FL 34614

**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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000391828
01/24/06-80055-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SIMMONS, MACKLIN R JR
STREET ADDRESS	11130 MOUNTAIN MOCKINGBIRD ROAD
CITY - ST - ZIP	BROOKSVILLE, FL 34614

TITLE	ST
NAME	SIMMONS, KIMMY
STREET ADDRESS	11130 MOUNTAIN MOCKINGBIRD ROAD
CITY - ST - ZIP	BROOKSVILLE, FL 34614

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
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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

Kimmy Simmons
Kimmy Simmons

1/14/06

Date

(352) 596-8043

Daytime Phone #