

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2007 8:00 am**  
**Secretary of State**

06-06-2007 90003 015 \*\*\*150.00

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # P04000139190</b><br>1. Entity Name<br><b>LUM'S TRACTOR SERVICE, INC.</b>   |  |  |   |   |  |
| Principal Place of Business<br><b>3885 RANDALL BOULEVARD<br/>NAPLES, FL 34120</b>  |  |  | Mailing Address<br><b>3885 RANDALL BOULEVARD<br/>NAPLES, FL 34120</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |  |  |
| City & State   |  | City & State   |   |  |  |
| Zip  | Country  | Zip  | Country   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ATON, ANNE K<br/>5150 CASTELLO DR SUITE 39<br/>NAPLES, FL 34103</b>  |  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>J. LAMAR MCDANIEL</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>3885 RANDALL BLVD.</b><br>City <b>NAPLES</b> FL <b>34120</b> |  |
| 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<br>SIGNATURE <u>J. Lamar McDaniel</u> <b>J. LAMAR MCDANIEL</b> <b>6-4-07</b><br><small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 14, 2007</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.   |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | PS<br>MCDANIEL, J. LAMAR<br>3885 RANDALL BOULEVARD<br>NAPLES, FL 34120 <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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: <u>J. Lamar McDaniel</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  | <b>6-4-07</b><br><small>Date Daytime Phone #</small>                  |  |  |



ATTACHMENT

40119979

BY THE NUMBERS, INC.

KIM GILDROY  
TAX ACCOUNTANT

6335 FISH COVE RD.  
BLAIRSVILLE, GA 30512-5213

April 30, 2007

Department of State  
Division of Corporations  
Corporate Filings  
P. O. Box 6327  
Tallahassee, FL 32314

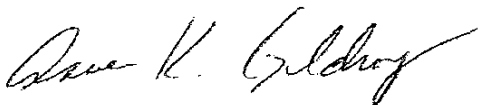
Dear Sir/Madam:

I am enclosing a check for \$ 300.00 for the following Corporate Annual Reports. As their tax preparer, they contacted me today when they were unable to either pay online, download their forms or reach the Division (all lines were busy for hours). I assume there was a crash at your website, and since they are unable to get the forms to send in, I am forwarding a check for their fees so at least they will not be penalized for late payment/late filing. Please forward them each a pre-printed report to complete since they are unable to access the site to file.

Lum's Tractor Service, Inc. P04000139190

Thank you for your understanding in this matter.

Sincerely,



Anne K. "Kim" Gildroy, Tax Accountant