


2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/2/2005-90974-015-\$150.00-\$150.00

DOCUMENT # P04000150196 1. Entity Name PEARSON TRACTOR INC					
Principal Place of Business 1734 IRIS AVENUE AVON PARK, FL 33875 US				Mailing Address 1734 IRIS AVENUE AVON PARK, FL 33875 US	
2. Principal Place of Business 1698 N DRESSEL RD		3. Mailing Address Suite, Apt. #, etc.			
City & State AVON PARK FL		City & State City: Zip: Country:		4. FEI Number 20-1858952	
Zip 33825		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DONALDSON, DEVON P 120 SOUTH ANOKA AVENUE AVON PARK, FL 33825				7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:	
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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR PEARSON, JOHN 1734 IRIS AVENUE AVON PARK, FL 33875	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR PEARSON, JOHN P.O. BOX 6834 AVON PARK FL 33826	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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><i>John Pearson</i></u> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: _____ Daytime Phone #: _____					

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