


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000159279	
1. Entity Name GULF COAST TRACTOR SERVICE, INC.	

Principal Place of Business P.O. BOX 1072 WAUCHULA, FL 33873	Mailing Address P.O. BOX 1072 WAUCHULA, FL 33873
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DO NOT WRITE IN THIS SPACE



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1920249	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JERNIGAN, ILLA J 1772 DOYLE CARLTON ROAD WAUCHULA, FL 33873

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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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JERNIGAN, WAYNE A 1772 DOYLE CARLTON ROAD WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BELFLOWER, WILLIAM T 108 SIESTA ROAD ROTONDA WEST, FL 339472414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JERNIGAN, ILLA JEAN 1771 DOYLE CARLTON ROAD WAUCHULA, FL 33873
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05/08/06-80109-012 150.00

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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: ILLA JEAN JERNIGAN 4/21/06 863-773-4814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #