

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P04000161972

1. Entity Name  
ENGLISH TRACTOR SERVICE, INC.



Principal Place of Business  
77 AMMONS ROAD  
PONCE DE LEON, FL 32455

Mailing Address  
77 AMMONS ROAD  
PONCE DE LEON, FL 32455



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-2165845

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

ENGLISH, JOHN WESLEY  
77 AMMONS ROAD  
PONCE DE LEON, FL 32455

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1100000889895

04/22/08-80073-006-150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ENGLISH, JOHN WESLEY
STREET ADDRESS	77 AMMONS ROAD
CITY - ST - ZIP	PONCE DE LEON, FL 32455
TITLE	ST
NAME	ENGLISH, INEZ GAIL
STREET ADDRESS	77 AMMONS ROAD
CITY - ST - ZIP	PONCE DE LEON, FL 32455
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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

Date

Daytime Phone #

4/8/08

850-836-4514