2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000034712

1. Entity Name

TOUCH OF CLASS TRACTOR & LAWN SERVICE INC



FILED Jul 16, 2007 08:00 AM Secretary of State

Principal Place of Business

106 CITRUS LANE EAST PALATKA, FL 32131 Mailing Address

PO BOX 231

EAST PALATKA, FL 32131



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

 07122007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

SPELL, JOHN JR 106 CITRUS LANE EAST PALATKA, FL 32131

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

Date

Daylime Phone #

linni					U00000768968
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when renstating)					
FILE NOWIII FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	10. OFFICERS AND DIRECTORS				·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SPELL, JOHN JR 106 CITRUS LANE EAST PALATKA, FL 32131				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CRTY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not quality 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 cath; 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.					

NAME OF SIGNING OFFICER OR DIRECTOR

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