## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 01, 2007 8:00 am Secretary of State

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DOCUMENT # P05000062917  1. Entity Name DUNCAN TRACTOR SERVICE, INC.				02-01-2001	7 90030 0	25 ***15	0.00
Principal Place of Business	Mailing Address			•			
47 CROWNGATE RD P O BOX 275				• .			
LAKE PLACID, FL 33852 LAKE PLACID, FL 33862		2	1				
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Principal Place of Business - No P.O. Box #     Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E0	34 (12/06)	
			<del></del>			· · · · · ·	
City & State	City & State		4. FEI Number 02-0742			<u> </u>	oplied For ot Applicable
7in Country	7in	Country	02-0742	344			
Zip Country	Zip	Country	5. Certificate of	f Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Curre	nt Registered Agent		7 Name and 4	ddress of New			
o. Namo and Address of Guita	in registered rigent	Name	7. 1101110 0710 7	NOO, COO OI THEM	rtegiotei cu r	190111	
DUNCAN, GERALD L							
47 CROWNGATE RD		Street Address	Street Address (P.O. Box Number is Not Acceptable)				
LAKE PLACID, FL 33852							
		City			FL	Zip Code	е
A 71	7.1					<u> </u>	
<ol><li>The above named entity submits this statement the obligations of registered agent.</li></ol>	for the purpose of changing its i	registered office or regist	tered agent, or both	, in the State of H	Horida. Tami	ramiliar with,	and accept
I							
SIGNATURE	ant and tale if applicable (A)OTE	Penalty and Agent agent agent	and when removed the		DATE		
Signature, typed or printed name of registered age	ent and trile if applicable (NOTE	Registered Agent signature require	red when reinstating)		DATE		<u> </u>
Signature, typed or printed name of registered age	9. Election Campaig	gn Financing \$	5.00 May Be		DATE		
Signature, typed or printed name of registered age	9. Election Campaig	gn Financing \$			DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 OFFICERS AN	9. Election Campaig	gn Financing \$	5.00 May Be dded to Fees	CHANGES TO OF		DIRECTOR	S IN 11
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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 SIGNATURE OF FAINTED ON FAINTED ON FAINTED OF SIGNING OFFICER OF DIRECTOR DIRECTOR Date Daylor Phone &