2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000076851

1. Entity Name
DANNY TEW TRACTOR REPAIR, INC.

Principal Place of Business	Mailing Address
15900 PHILLIPS RD ODESSA, FL 33556	15900 PHILLIPS RD ODESSA, FL 33556

DO NOT WRITE IN THIS SPACE

07122007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-2923487	Not Applicable

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

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6. Name and Address of Current Registered Agent

TEW, DANNY L
15900 PHILLIPS RD
ODESSA, FL 33556

DO NOT WRITE
IN THIS SPACE

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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

07/24/07-80012-004 150.00

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	TEW, DANNY L
STREET ADDRESS	15900 PHILLIPS RD
CITY-ST-ZIP	ODESSA, FL 33556

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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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: _____   7-/9-7

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #