## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P05000128263 03-22-2006 90030 003 \*\*\*150.00 BILL FUTRELL'S TRACTOR SERVICE, INC. Principal Place of Business Mailing Address 12438 MORGAN ROAD 12438 MORGAN ROAD JUUU4/74 HUDSON, FL 34669-2563 HUDSON, FL 34669-2563 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212006 Chq-P CR2E034 (11/05) City & State Applied For City & State 4. FEI Number 20-3540533 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FUTRELL, WILLIAM H Street Address (P.O. Box Number is Not Acceptable) 12438 MORGAN ROAD HUDSON, FL 34669-2563 Zip Code 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 agneture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE FUTRELL, WILLIAM H NAME NAME STREET ADDRESS 12438 MORGAN ROAD STREET ADDRESS CITY-ST-ZIP HUDSON, FL 346692563 CITY-ST-ZIP TITLE ST ☐ Detete Change ☐ Addition FUTRELL, TAMARA S NAME MASAF STREET ADDRESS 12438 MORGAN ROAD STREET ADDRESS CITY-ST-ZIP HUDSON, FL 346692563 CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment withyan address, with all other SIGNATURE: //

OFFICER OR DIRECTOR

FILED

Mar 22, 2006 8:00 am

WILLIAM H FUTRELL