2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000163051

Entity Name: ALLEN'S ALL TYPE TRACTOR SERVICES, INC.

FILED Apr 10, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:
222 KIRK ROAD JACKSONVILLE, FL 32218		222 -1 KIRK RD JACKSONVILLE, FL 32218
Current Mailing Address:		New Mailing Address:
222 KIRK I JACKSON	ROAD IVILLE, FL 32218	222 -1 KIRK RD JACKSONVILLE, FL 32218
FEI Number	: FEI Number Applied For (X)	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
ALLEN, ROBERT M 222 KIRK ROAD JACKSONVILLE, FL 32218 US		ALLEN, ROBERT M 222 -1 KIRK RD JACKSONVILLE, FL 32218 US
	e named entity submits this statement for the e of Florida.	ne purpose of changing its registered office or registered agent, or both,
SIGNATURE:		04/10/2006
	Electronic Signature of Registered	Agent Date
Election Car	mpaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P () Delete ALLEN, ROBERT M 222 KIRK ROAD JACKSONVILLE, FL 32218	Title: P (X) Change () Addition Name: ALLEN, ROBERT M Address: 222 -1 KIRK RD City-St-Zip: JACKSONVILLE, FL 32218
Title: Name: Address: City-St-Zip:	VP () Delete ALLEN, ROBERT M 222 KIRK ROAD JACKSONVILLE, FL 32218	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	S () Delete ALLEN, ROBERT M 222 KIRK ROAD JACKSONVILLE, FL 32218	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address:	T () Delete ALLEN, ROBERT M 222 KIRK ROAD	Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROBERT M. ALLEN P 04/10/2006

JACKSONVILLE, FL 32218

City-St-Zip: