


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90204 018 ***158.75

DOCUMENT # P05000163051					
1. Entity Name ALLEN'S ALL TYPE TRACTOR SERVICES, INC.					
Principal Place of Business 222 -1 KIRK RD JACKSONVILLE, FL 32218			Mailing Address 222 -1 KIRK RD JACKSONVILLE, FL 32218		
2. Principal Place of Business - No P.O. Box # 3692 STARRATS RD		3. Mailing Address 3692			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville FL		City & State		4. FEI Number 20-3943172	
Zip 32224		Country Duval		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEN, ROBERT M 222 -1 KIRK RD JACKSONVILLE, FL 32218			7. Name and Address of New Registered Agent Name: <u>Allen, ROBERT M</u> Street Address (P.O. Box Number is Not Acceptable): <u>3692 Starrats Rd.</u> <u>Jacksonville FL.</u> City: <u>FL</u> Zip Code: <u>32226</u>		
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: <u>[Signature]</u> DATE: <u>4-24-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME ALLEN, ROBERT M STREET ADDRESS 222 -1 KIRK RD CITY - ST - ZIP JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME ALLEN, ROBERT M STREET ADDRESS 222 KIRK ROAD CITY - ST - ZIP JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>[Signature]</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>ROBERT M ALLEN</u>		
Date: <u>4-24-07</u>			Daytime Phone: <u>904-334-7583</u>		

40086309



04112007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable