


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90061 008 \*\*\*150.00

<b>DOCUMENT # P06000073294</b>	
1. Entity Name <b>TRACTOR FACTORY, INC.</b>	

Principal Place of Business <b>1009 NORTH GROVE STREET EUSTIS, FL 32726 US</b>	Mailing Address <b>1009 NORTH GROVE STREET EUSTIS, FL 32726 US</b>
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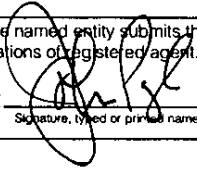
2. Principal Place of Business - No P.O. Box # <b>14030 Lake Yale Rd</b>	3. Mailing Address <b>P.O. Box 2268</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>UMATILLA, FL</b>	City & State <b>UMATILLA, FL</b>
Zip <b>32784</b>	Country <b>USA</b>

**04172007 Chg-P CR2E034 (12/06)**

4. FEI Number  
**20-4740409**

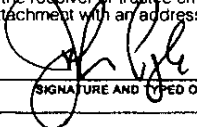
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>PYLE, JOHN 1009 NORTH GROVE STREET EUSTIS, FL 32726</b>	
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7. Name and Address of New Registered Agent Name <b>Pyle, John R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>14030 Lake Yale Road</b> City <b>UMATILLA</b> FL Zip Code <b>32784</b>	
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 	DATE <b>4-17-07</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PYLE, JOHN 1009 NORTH GROVE STREET EUSTIS, FL 32726 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pyle, John 14030 Lake Yale Rd UMATILLA, FL 32784 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE <b>4-17-07</b> DAYTIME PHONE # <b>352-255-3590</b>