


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90129 044 ***150.00

| | | |
|---|--|---|
| DOCUMENT # P06000110082 | |  |
| 1. Entity Name TRACTOR AND LAND SERVICES, INC. | | |

40123400



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| Principal Place of Business 120 ARMADILLO WAY W PALM BEACH, FL 33411 | Mailing Address 120 ARMADILLO WAY W PALM BEACH, FL 33411 |
|--|--|

06132007 Chg-P CR2E034 (12/06)

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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|--------------|---------|--------------|---------|
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|-----------------------------|-------------------------------|
| 4. FFL Number 83-0461771 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | | |
|---|--|--|--|

| | | | |
|--|--|--|--|
| MCCABE, MARTIN C IV 120 ARMADILLO WAY W PALM BEACH, FL 33411 | | | |
| Name | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | |
| City | | | |
| FL Zip Code | | | |

| | |
|---|--|
| 7. Name and Address of New Registered Agent | |
|---|--|

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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MCCABE, MARTIN C IV 120 ARMADILLO WAY W PALM BEACH, FL 33411 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DAWSON, FRANK 7833 LOOMSU ST LANTANA, FL 33467 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6/1/07 (561) 261-7710
Daytime Phone: _____