## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P14209

FILED Apr 21, 2009 Secretary of State

Entity Name: THOMPSON TRACTOR CO., INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	SON HIGHWAY HAM, AL 35217201	12 US		
Current N	/lailing Address:		New Mailing Addres	ss:
P.O. BOX BIRMINGI	10367 HAM, AL 35202	US		
El Number	r: 63-0377478 F	El Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of Curr	ent Registered Agent:	Name and Address	of New Registered Agent:
	INE ISLAND ROAD	)		
he above	TION, FL 33324  e named entity subr	US	purpose of changing its registere	ed office or registered agent, or both,
The above n the Stat	TION, FL 33324 e named entity subree of Florida.	US	purpose of changing its registere	ed office or registered agent, or both,
he above the Stat	TION, FL 33324 e named entity subr e of Florida. RE:	US		ed office or registered agent, or both,  Date
The above In the Stat	FION, FL 33324  e named entity subrate of Florida.  RE:  Electronic S	US mits this statement for the p		
The above n the Stat BIGNATU	FION, FL 33324  e named entity subrate of Florida.  RE:  Electronic S	US mits this statement for the particle of Registered Agast Fund Contribution ( ).	ent	
The above the Stat SIGNATU	e named entity subre of Florida.  RE: Electronic S  mpaign Financing Tru	US mits this statement for the position of Registered Agust Fund Contribution ( ).  RS: ete AEL D.	ent	Date
The above in the State SIGNATU Clection Ca	e named entity subre of Florida.  RE: Electronic S  mpaign Financing Tru  S AND DIRECTOR  PD () Dele  THOMPSON, MICHA 2401 PINSON HIGH	US mits this statement for the particle of Registered Agaist Fund Contribution ( ).  RS: ete AEL D. WAY ete AS H.	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: STEVEN ALLISON, SR. ACCOUNTANT MR 04/21/2009