

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

S/1/

FILED
Jun 13, 2006 8:00 am
Secretary of State

05-01-2006 90289 008 ***150.00

DOCUMENT # P97000025014

Entity Name

RACTOR PARTS OF PLANT CITY, INC.



Principal Place of Business

4288 HIGHWAY 92 WEST
SUITE 6
PLANT CITY, FL 33567

Mailing Address

4288 HIGHWAY 92 WEST
SUITE 6
PLANT CITY, FL 33567

DO NOT WRITE IN THIS SPACE



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0728312

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STWAN, JERRY K
4288 HWY 92 WEST
SUITE 6
PLANT CITY, FL 33567

**DO NOT WRITE
IN THIS SPACE**

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 type if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

P
STWAN, JERRY K
1103 S. TAYLOR RD.
SEFFNER, FL 33584

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

S
STWAIN, CAROL
1103 S FAMBE RD
SEFFNER, FL 33584

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

V
RFIER, RON
4206 PLATT RD
PLANT CITY, FL 33565

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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

06/07/06

Date

813.752.4525

Daytime Phone #