


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90043 029 ***150.00

DOCUMENT # P97000030044 1. Entity Name TOWNSEND TRACTOR SERVICE, INC.			
Principal Place of Business 81 GOLDEN GATE BLVD. EAST NAPLES FL 34120		Mailing Address 81 GOLDEN GATE BLVD. EAST NAPLES FL 34120	
2. Principal Place of Business <i>81 Golden Gate Blvd E,</i>		3. Mailing Address <i>81 Golden Gate Blvd E,</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <i>Naples FLA</i>		City & State <i>Naples FLA</i>	
Zip <i>34120</i>		Zip <i>34120</i>	
Country <i>USA</i>		Country <i>USA</i>	
6. Name and Address of Current Registered Agent <i>TOWNSEND, RICHARD 81 GOLDEN GATE BLVD. NAPLES FL 34120</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<div style="background-color: #cccccc; padding: 5px; border: 1px solid black;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST TOWNSEND, RICHARD 81 GOLDEN GATE BLVD. NAPLES FL 34120	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWNSEND, RICHARD 81 GOLDEN GATE BLVD. NAPLES FL 34120	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		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 exemption stated in Section 119.07(3)(i), 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: <i>Richard Townsend</i> Richard Townsend <i>3-24-2004</i> <i>239-455-8690</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



MOORE

CR2E034 (11/03)

4. FEI Number **59-3437213** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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Signature, typed or printed name of registered agent and title if applicable.

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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SIGNATURE: *Richard Townsend* **Richard Townsend** *3-24-2004* *239-455-8690*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR