

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000101442

FILED
Jun 16, 2009
Secretary of State

Entity Name: SMOOTHSCAPE TRACTOR SERVICE, INC.

Current Principal Place of Business:

2350 NW 46TH ST
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

P O BOX 4601
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 65-0810345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RACKARD, GREGORY
4280 NW 26TH TERRACE
OCALA, FL 34475 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: RACKARD, GREGORY
Address: 3605 NW 20 AVENUE
City-St-Zip: Ocala, FL 34475

Title: S () Delete
Name: BROOKS, DEBRA
Address: 6530 NW 61 LANE
City-St-Zip: Ocala, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GREGORY RACKARD

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06/16/2009

Electronic Signature of Signing Officer or Director

_____ Date