


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-16-2007 90014 030 ***150.00

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| DOCUMENT # P98000018087 | |  | |
| 1. Entity Name S & S TRACTOR SERVICE, INC. | | | |
| Principal Place of Business 4530 LENOX AVENUE JACKSONVILLE, FL 32205 | | Mailing Address PO BOX 47468 JACKSONVILLE, FL 32247 | |
| 2. Principal Place of Business - No P.O. Box # 1512 MILCOERD | | 3. Mailing Address P.O. Box 47468 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State JAX, FLORIDA | | City & State JACKSONVILLE, FL | |
| Zip 32225 | Country USA | Zip 32247 | Country USA |
| 4. FEI Number 59-3496235 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FUTCH, THOMAS S 4530 LENOX AVENUE JACKSONVILLE, FL 32205 | | 7. Name and Address of New Registered Agent Name FUTCH, Thomas S. Street Address (P.O. Box Number is Not Acceptable) 1512 MILCOE RD. City JACKSONVILLE FL Zip Code 32225 | |
| 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 <u>Thomas S. Futch</u> DATE <u>5/10/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FUTCH, THOMAS S 2935 HERITAGE TRAIL JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u>Thomas S. Futch</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <u>5/10/07</u> Daytime Phone # | |

40114611



05072007 Chg-P CR2E034 (12/06)