

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000059722**

1. Entity Name  
**T & M TRACTOR SERVICES, INC.**



Principal Place of Business  
**6923 BILL LUNDY ROAD  
LAUREL HILL, FL 32567**

Mailing Address  
**6923 BILL LUNDY ROAD  
LAUREL HILL, FL 32567**



03212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3520221</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**KELLY, NORMA L  
6923 BILL LUNDY ROAD  
LAUREL HILL, FL 32567**

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	KELLY, MICHAEL D
STREET ADDRESS	6923 BILL LUNDY ROAD
CITY-ST-ZIP	LAUREL HILL, FL 32567

TITLE	D
NAME	KELLY, TIMOTHY E
STREET ADDRESS	ROUTE 1, BOX 66
CITY-ST-ZIP	FLORALA, AL 32462

TITLE	ST
NAME	KELLY, NORMA L
STREET ADDRESS	6923 BILL LUNDY ROAD
CITY-ST-ZIP	LAUREL HILL, FL 32567

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/05-80077-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

**NORMA L. KELLY  
Sec. - TREAS.**

**4-27-05 (850) 652-4767**

Date

Daytime Phone #