

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90045 023 ***150.00

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



07102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3520221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

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

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

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Norma L. Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMA L. Kelly
Sec. - Treas.

7-13-07
Date

850 652 4767
Daytime Phone #