

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000096168

Entity Name: TRACTOR DEPOT, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

8725 S.R. 207 NORTH
HASTINGS, FL 32145

New Principal Place of Business:

Current Mailing Address:

PO BOX 1059
HASTINGS, FL 32145

New Mailing Address:

PO BOX 1011
ST. AUGUSTINE, FL 32085

FEI Number: 59-3541384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGUIRE, CRAIG A
1544 SAN RAFAEL WAY
ST. AUGUSTINE, FL 32080 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAGUIRE, CRAIG A
Address: 1544 SAN RAFAEL WAY
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MAGUIRE, CRAIG A
Address: 1544 SAN RAFAEL WAY
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CRAIG A. MAGUIRE

PRES

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date