2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State
04-06-2006 90005 011 ***150.00

DOCUMENT # S60560

1. Entity Name
ALL TRACTOR REPAIR, INC.

Principal Place of Business	Mailing Address
5190 NORTH 10TH AVE REAR BAY GREEN ACRES, FL 33463 US	PO BOX 5748 LAKE WORTH, FL 33466

04032006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
4956 Camellia Dr.	4956 Camellia Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Marianna FL	Marianna FL.
32446 USA	32446 USA

4. FEI Number 65-0264766 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BASFORD, RICHARD E.
3790 WISCONSIN STREET
LAKE WORTH, FL 33461

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 BASFORD, RICHARD E. 3790 WISCONSIN STREET LAKE WORTH, FL	☐ Delete	P Basford, Richard E 4956 Camellia Dr. Marianna FL. 32446	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BASFORD, JULIE R 3790 WISCONSIN ST LAKE WORTH, FL	☐ Delete	V Basford Julie R 4956 Camellia Dr. Marianna FL. 32446	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Julie R Basford VP 4-4-06 850-526-5620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #