


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P27009
1. Entity Name
INDUSTRIAL TRACTOR PARTS CO., INC.



Principal Place of Business 28-15 14TH STREET LONG ISLAND CITY, NY 11102	Mailing Address 28-15 14TH STREET LONG ISLAND CITY, NY 11102
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DO NOT WRITE IN THIS SPACE



02122005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-1848999	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

BELCHER, DOUGLAS
8686 PHILLIPS HWY
JAX, FL 32256

**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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP	PTD DANA, MAURICE 28-15 14TH STREET LONG ISLAND, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DANA, MICHEL 28-15 14TH STREET LONG ISLAND, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DANA, ERNA 28-15 14TH STREET LONG ISLAND, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DANA, ROBERT 28-15 14TH STREET LONG ISLAND, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

110000234659
02/18/05-80029-019 150.00

**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)(i), 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: _____ **Feb. 14, '05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #