


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 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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04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-1848999	Applied For Not Applicable
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5. Certificate of Status Desired **\$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 _____ 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, 2008 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	

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U00000305708
 05/01/08-80064-008 150.00

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: *[Signature]* V.P. 4/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #