2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004
Secretary of State

DOCUMENT# 755055

Entity Name: HILLSBOROUGH COUNTY AGRICULTURAL POLITICAL ACTION COMMITTEE, INC.

Current Principal Place of Business:

ACTION COMMITTEE, INC.
100 S MULRENNAN ROAD
VALRICO, FL 335943933

New Principal Place of Business:

Current Mailing Address:

ACTION COMMITTEE, INC.
100 S MULRENNAN ROAD
VALRICO, FL 335943933

New Mailing Address:

FEI Number: 59-2079401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITSON, JUDI
100 S. MULRENNAN RD.
VALRICO, FL 33594

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CARLTON, DENNIS
Address: 100 S. MULRENNAN RD.
City-St-Zip: VALRICO, FL 33594

Title: VPD ( ) Delete
Name: CROCKER, SHAWN
Address: 245 POLK CITY RD
City-St-Zip: HAINES CITY, FL 33844

Title: TD ( ) Delete
Name: COLLINS, BRUCE
Address: 100 S. MULRENNAN RD.
City-St-Zip: VALRICO, FL 33594

Title: S ( ) Delete
Name: COLEMAN, LEEANN
Address: 1939 S FORBES ROAD
City-St-Zip: PLANT CITY, FL 33567

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CROCKER, SHAWN B
Address: 100 S. MULRENNAN RD.
City-St-Zip: VALRICO, FL 33594

Title: VPD (X) Change ( ) Addition
Name: TANNER, MARTY
Address: 100 S. MULRENNAN RD
City-St-Zip: VALRICO, FL 33594

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: COLEMAN, LEEANN
Address: 100 S. MULRENNAN RD
City-St-Zip: VALRICO, FL 33594

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWN B CROCKER PD 04/12/2004

Electronic Signature of Signing Officer or Director — Date