


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90673 013 ****61.25

DOCUMENT # 790659

1. Entity Name
HIGHLANDS COUNTY FARM BUREAU, LAA



Principal Place of Business
6419 US 27 SOUTH
SEBRING, FL 33870 US

Mailing Address
6419 US 27 SOUTH
SEBRING, FL 33870 US

94078878



2. Principal Place of Business
6419 US 27 SOUTH
Suite, Apt. #, etc.

3. Mailing Address
6419 US 27 SOUTH
Suite, Apt. #, etc.

04272004 Chg-NP CR2E037 (10/03)

City & State
SEBRING, FL

City & State
SEBRING, FL

Zip
33876

Country
US

Zip
33876

Country
US

4. FEI Number
59-1028609

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, GREG
521 LAKE FRANCIS DR.
LAKE PLACID, FL 33852

7. Name and Address of New Registered Agent

Name
MARTIN, Reese

Street Address (P.O. Box Number is Not Acceptable)
1501 Mulberry Avenue

City
LAKE PLACID

FL

Zip Code
33852

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 Reese E. Martin Reese E. MARTIN 4/29/04

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMOAK, MASON 1025 CR 17 NORTH LAKE PLACID, FL 33852	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, REESE 1501 MULBERRY AVE. LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete NEW President AGENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHYPPERS, DREW 546 N. LAKEVIEW LAKE PLACID, FL 33852	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIROUAC, SCOTT 320 KITE AVE SEBRING, FL 33872	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN, MARFK 12001 ARBUCKEL CREEK RD SEBRING, FL 33870	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELLIOTT, DONALD 1731 LAKE CLAY DRIVE LAKE PLACID, FL 33852	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D SMOAK, MASON 1025 CR 17 NORTH LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John PAYNE 9410 PAYNE Rd. SEBRING, FL 33872	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: Reese E. Martin REESE E. MARTIN 4/29/04 843-381-2577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #