## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000005710

Apr 22, 2005 Secretary of State

Entity Name: HILLSBOROUGH COUNTY AG-VENTURE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 100 S. MULRENNAN ROAD VALRICO, FL 33594 **Current Mailing Address: New Mailing Address:** 100 S. MULRENNAN ROAD VALRICO, FL 33594 FEI Number: 20-2719496 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHITSON, JUDI 100 S. MULRENNAN ROAD VALRICO, FL 33594 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BANKS, VINA J Name: Name: Address: P.O. BOX 11766 4800 HWY 301 N Address: City-St-Zip: TAMPA, FL 33680 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: HUNTER, JACKIE Name: BENDER, GEORGENE Address: 5339 CR 579 Address: 5339 CR 579 City-St-Zip: SEFFNER, FL 33584 City-St-Zip: SEFFNER, FL 33584 Title: () Delete Title: () Change () Addition HINTON, LISA Name: Name: P.O. BOX 11766 4800 HIGHWAY 301 N Address: Address: City-St-Zip: TAMPA, FL 33680 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: WHITSON, JODI Name: WHITSON, JUDI 100 S. MULRENNAN ROAD 100 S. MULRENNAN ROAD Address: Address: City-St-Zip: VALRICO, FL 33594 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: VINA JEAN BANKS D 04/22/2005