



**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 357761</b> 1. Entity Name <b>KILGORE SEED COMPANY</b>	
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Principal Place of Business <b>256 NW CHARLOTTE GLEN LAKE CITY, FL 32055</b>	Mailing Address <b>P O BOX 2082 LAKE CITY, FL 32056</b>
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**DO NOT WRITE IN THIS SPACE**



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1417160</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**HUNZIKER, J HAROLD  
256 N.W. CHARLOTTE GLEN  
LAKE CITY, FL 32055**

**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 renaming) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$350.00**

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

U00000745281  
05/16/07-80022-006 150.00

10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<b>HUNZIKER, J HAROLD</b>
NAME	<b>256 N.W. CHARLOTTE GLEN</b>
STREET ADDRESS	<b>LAKE CITY, FL 32055</b>
CITY-ST-ZIP	
TITLE <b>VD</b>	<b>PERRON, LYDIA H</b>
NAME	<b>5310 HAWFORD CIRCLE</b>
STREET ADDRESS	<b>ORLANDO, FL 32812</b>
CITY-ST-ZIP	
TITLE <b>STD</b>	<b>HUNZIKER, PATRICIA</b>
NAME	<b>256 N.W. CHARLOTTE GLEN</b>
STREET ADDRESS	<b>LAKE CITY, FL 32055</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**  **4/26/07** **386-754-0462**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #