


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 357761
1. Entity Name
KILGORE SEED COMPANY



Principal Place of Business
256 NW CHARLOTTE GLEN
LAKE CITY, FL 32055

Mailing Address
P O BOX 2082
LAKE CITY, FL 32056

DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1417160 Applied For
Not Applicable

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

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 _____ 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, 2005 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	PD HUNZIKER, J HAROLD 256 N.W. CHARLOTTE GLEN LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERRON, LYDIA H 5310 HAWFORD CIRCLE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUNZIKER, PATRICIA 256 N.W. CHARLOTTE GLEN LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/29/05-80055-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or without other like empowered.

SIGNATURE: J. Harold Hunziker J. HAROLD HUNZIKER 4/26/05 386-754-1938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone If