

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 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**



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1417160</b>	Applied For <input type="checkbox"/> 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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**

U000000745281  
05/16/07-80022-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUNZIKER, J HAROLD 256 N.W. CHARLOTTE GLEN LAKE CITY, FL 32055
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERRON, LYDIA H 5310 HAWFORD CIRCLE ORLANDO, FL 32812
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUNZIKER, PATRICIA 256 N.W. CHARLOTTE GLEN LAKE CITY, FL 32055
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07

Date

386-754-0462

Daytime Phone #