2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 431664

1. Entity Name
TOWNSEND SEED COMPANY

Principal Place of Business	Mailing Address
U.S. 98 SOUTH P.O. BOX 451 DADE CITY, FL 33526-0451	U.S. 98 SOUTH P.O. BOX 451 DADE CITY, FL 33526-0451

DO NOT WRITE IN THIS SPACE

03092005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-1475363		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RIEF III, FRANK J.
442 W KENNEDY BLVD
SUITE 340
TAMPA, FL 33606

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 reinstating)   DATE

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	PD
NAME	TOWNSEND, DARRYL R
STREET ADDRESS	US 98 S @ TOWNSEND RD
CITY-ST-ZIP	DADE CITY, FL 00000,
TITLE	STD
NAME	TOWNSEND, MARY L
STREET ADDRESS	US 98 S @ TOWNSEND RD
CITY-ST-ZIP	DADE CITY, FL
TITLE	S
NAME	TOWNSEND, SALLY
STREET ADDRESS	US 98 S TOWNSEND RD
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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)(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 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: _Darryl Townsend_ Darryl Townsend   3-23-05   352344-3707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #