## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 703685** 

FILED Jan 18, 2006 Secretary of State

Entity Name: FLORIDA POULTRY FEDERATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4508 OAK FAIR BLVD SUITE 290 TAMPA, FL 33610 **New Mailing Address: Current Mailing Address:** 4508 OAK FAIR BLVD SUITE 290 TAMPA, FL 33610 FEI Number: 59-1117154 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: SMITH, CHARLES R. 4508 OAK FAIR BLVD SUITE 290 TAMPA, FL 33610 US 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: ( ) Delete () Change () Addition LINDSEY, MIKE Name: Name: PO BOX 600 Address: Address: City-St-Zip: **DOVER, FL 33527** City-St-Zip: Title: Title: ( ) Delete () Change () Addition FORD, TOMMY Name: Name: Address: 38777 RECKER HWY Address: City-St-Zip: WINTER HAVEN, FL 33883 City-St-Zip: Title: () Delete Title: () Change () Addition TENPAS, DAN Name: Name: Address: PO BOX 600 Address: City-St-Zip: DOVER, FL 33527 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition LINVILLE, TONY Name: Name: LINVILLE, DANNY Address: PO BOX 9005 Address: PO BOX 9005 City-St-Zip: ZEPHYRHILLS, FL 33539 City-St-Zip: ZEPHYRHILLS, FL 33539 Title: () Delete Title: (X) Change ( ) Addition DRIGGERS, GERALD DRIGGERS, GERALD Name: Name: PO BOX 1000 PO BOX 1000 Address: Address: LIVE OAK, FL 32060 City-St-Zip: LIVE OAK, FL 32060 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SMITH, CHARLES R SMITH, CHARLES R Name: Name: Address: 4508 OAK FAIR BLVD., #290 Address: 4508 OAK FAIR BLVD., #290 TAMPA, FL 33610 TAMPA, FL 33610 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CHARLES EXVP 01/18/2006