2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008
Secretary of State

DOCUMENT# 703685

Entity Name: FLORIDA POULTRY FEDERATION, INC.

Current Principal Place of Business:

4508 OAK FAIR BLVD
SUITE 290
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

4508 OAK FAIR BLVD
SUITE 290
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-1117154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, CHARLES R.
4508 OAK FAIR BLVD
SUITE 290
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

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:

Title:	P	( ) Delete
Name:	LINDSEY, MIKE	
Address:	PO BOX 600	
City-St-Zip:	DOVER, FL 33527	
Title:	D	( ) Delete
Name:	ANDERS, STEVE	
Address:	PO BOX 490797	
City-St-Zip:	LEESBURG, FL 34749	
Title:	ST	( ) Delete
Name:	TENPAS, DAN	
Address:	PO BOX 600	
City-St-Zip:	DOVER, FL 33527	
Title:	D	( ) Delete
Name:	LINVILLE, DANNY	
Address:	PO BOX 9005	
City-St-Zip:	ZEPHYRHILLS, FL 33539	
Title:	VP	( ) Delete
Name:	DRIGGERS, GERALD	
Address:	PO BOX 1000	
City-St-Zip:	LIVE OAK, FL 32060	
Title:	EXVP	( ) Delete
Name:	SMITH, CHARLES R	
Address:	4508 OAK FAIR BLVD., #290	
City-St-Zip:	TAMPA, FL 33610	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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 R. SMITH EXVP 02/26/2008

Electronic Signature of Signing Officer or Director — Date