

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90224 045 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       |                                                                                                                     |                                                                                                                                                 |                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 755055</b><br>1. Entity Name<br><b>HILLSBOROUGH COUNTY AGRICULTURAL POLITICAL ACTION COMMITTEE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                                                                                     |                                                                                                                                                 |                                                                                                      |  |
| Principal Place of Business<br><b>ACTION COMMITTEE, INC.<br/>100 S MULRENNAN ROAD<br/>VALRICO, FL 33594-3933</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                       |                                                                                                                     |                                                                                                                                                 | Mailing Address<br><b>ACTION COMMITTEE, INC.<br/>100 S MULRENNAN ROAD<br/>VALRICO, FL 33594-3933</b> |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       | 3. Mailing Address                                                                                                  |                                                                                                                                                 |                                                                                                      |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       | Suite, Apt. #, etc.                                                                                                 |                                                                                                                                                 |                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       | City & State                                                                                                        |                                                                                                                                                 |                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                               | Zip                                                                                                                 | Country                                                                                                                                         | 4. FEI Number<br><b>59-2079401</b>                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       |                                                                                                                     |                                                                                                                                                 | Applied For<br><input type="checkbox"/> Not Applicable                                               |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       |                                                                                                                     | 7. Name and Address of New Registered Agent                                                                                                     |                                                                                                      |  |
| <b>WHITSON, JUDI<br/>100 S. MULRENNAN RD.<br/>VALRICO, FL 33594</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code                                                           |                                                                                                      |  |
| 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<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                       | <small>(NOTE: Registered Agent signature required when reinstating)</small>                                         |                                                                                                                                                 | DATE <b>JUL 29, 2005</b>                                                                             |  |
| <b>Filing Fee is \$61.25<br/>Due by September 7, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                       | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                 | <b>Make check payable to<br/>Florida Department of State</b>                                         |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                       |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                           |                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>PD<br/>CROCKER, SHAWN B<br/>100 S. MULRENNAN RD.<br/>VALRICO, FL 33594</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>VPD<br/>TANNER, MARTY<br/>100 S. MULRENNAN RD<br/>VALRICO, FL 33594</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>TD<br/>COLLINS, BRUCE<br/>100 S. MULRENNAN RD.<br/>VALRICO, FL 33594</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>S<br/>COLEMAN, LEEANN<br/>100 S. MULRENNAN RD<br/>VALRICO, FL 33594</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                  | <b>SEC.<br/>GEORGE COLEMAN<br/>100 S. MULRENNAN RD.<br/>VALRICO, FL 33594</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |                                                                                                      |  |
| 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 617, 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 (the empowered. |                                                                                                                       |                                                                                                                     |                                                                                                                                                 |                                                                                                      |  |
| <b>SIGNATURE:</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       | <b>6-29-05</b><br><small>Date</small>                                                                               |                                                                                                                                                 | <b>813-685-9121</b><br><small>Daytime Phone #</small>                                                |  |