


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jun 06, 2005 08:00 AM
Secretary of State

DOCUMENT # 790439 1. Entry Name COLLIER COUNTY FARM BUREAU LAA	
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Principal Place of Business 5278 GOLDEN GATE PARKWAY SUITE #1 NAPLES, FL 34116	Mailing Address 5278 GOLDEN GATE PARKWAY SUITE #1 NAPLES, FL 34116
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05242005 No Chg-NP CR2E037 (10/03)

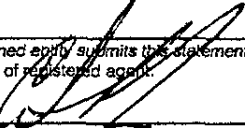
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6177720	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BLOCKER, JR., CURTIS 5278 GOLDEN GATE PARKWAY STE #1 NAPLES, FL 34116
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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:  (NOTE: Registered Agent signature required when reinstating) DATE: 6-20-05


Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOCKER, GINA 1404 LEMON TREE DRIVE IMMOKALEE, FL 34143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIRES, JAMES PO BOX 1048 IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORIA, MIKE PO BOX 8266 NAPLES, FL 34101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREWS, FLOYD P.O. BOX 610 IMMOKALEE, FL 34143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JACK PO BOX 5003 IMMOKALEE, FL 34143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIDY, ALLESA PO BOX 930 IMMOKALEE, FL 34143

U00000368994
06/06/05-80001-006 61.25

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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 like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 6-20-05 Daytime Phone #: 863 675-2535