

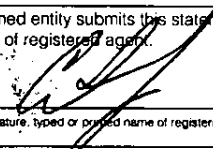


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90016 016 ****61.25

DOCUMENT # 790439 1. Entity Name COLLIER COUNTY FARM BUREAU LAA					
Principal Place of Business 5278 GOLDEN GATE PARKWAY SUITE #1 NAPLES, FL 34116			Mailing Address 5278 GOLDEN GATE PARKWAY SUITE #1 NAPLES, FL 34116		
2. Principal Place of Business - No P.O. Box # 1011 W. MAIN STREET Suite, Apt. #, etc. SUITE #2		3. Mailing Address 1011 W. MAIN STREET Suite, Apt. #, etc. SUITE #2			
City & State IMMOKALEE, FL		City & State IMMOKALEE, FL		4. FEI Number 59-6177720	
Zip 34142		Country COLLIER		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				7. Name and Address of New Registered Agent Name BLOCKER JR., CURTIS Street Address (P.O. Box Number is Not Acceptable) 1011 W. MAIN STREET SUITE #2 City IMMOKALEE FL 34142	
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  2/15/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOCKER, GINA 1404 LEMON TREE DRIVE IMMOKALEE, FL 34143	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUEY HOWARD PO BOX 154 IMMOKALEE FL 34143
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>CURTIS BLOCKER JR</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>2/15/08</u> Daytime Phone # <u>259 457-4500</u>	