


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90027 022 \*\*\*\*61.25

<b>DOCUMENT # 790443</b>	
1. Entity Name <b>JACKSON COUNTY FARM BUREAU LAA</b>	

Principal Place of Business <b>4442 LAFAYETTE STREET MARIANNA FL 32446</b>	Mailing Address <b>4442 LAFAYETTE STREET MARIANNA FL 32446-3424 US</b>
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2. Principal Place of Business <b>4379 Lafayette St</b> Suite, Apt. #, etc.	3. Mailing Address <b>4379 Lafayette St</b> Suite, Apt. #, etc.
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City & State <b>MARIANNA, FL</b> Zip <b>32446</b>	Country <b>JACKSON</b>	City & State <b>MARIANNA, FL</b> Zip <b>32446</b>	Country <b>JACKSON</b>
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1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-0711690</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>PITTMAN, JEFFERY 3980 WINTERGREEN ROAD GREENWOOD FL 32443</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 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 Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PITTMAN, JEFFERY 4442 LAFAYETTE ST GREENWOOD FL 32443</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Dilmore, Forrest P O Box 941 Cottondale, FL 32431</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD FLOYD, HANK 5881 OLD US ROAD MALONE FL 32445</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Thomas, Leland 2953 Daniels St Marianna, FL 32446</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BRANCH, JASON 7378 SHADY GROVE ROAD GRAND RIDGE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Crawford, Jeff 2542 Indian Springs Rd Marianna, FL 32446</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHIVER, JERRY 450 TRI-COUNTY RD GRACEVILLE FL 32440</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Dietrich, Gordan 1987 Hwy 2 Graceville, FL 32440</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CALLOWAY, JAME 4637 HWY 2 MALONE FL 32445</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCMILLAN, L.E. JR 7130 GREEN RD SNEADS FL 32460</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 like empowered.

**SIGNATURE:**  **3/24/05 (850) 482-5731**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #