2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # 790447 INTY FARM BUREAU, LAA.	·				01-20-2004	_			
14180 METROPOLIS AVE SUITE 1 S FORT MYERS, FL 33912 F		SUITE 1	14180 METROPOLIS AVE SUITE 1 FORT MYERS, FL 33912						11 11 11 11 11 11 11 11 11 11 11 11 11	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072004	Chg-NP	CR2E0	37 (10/03)		
City & State		City & State			4. FEI Number 59-1110			 - - 	pplied For ot Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate	of Status Desired		\$8.75 Add		
 _	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New R	legistered /	Agent		
DOWDY, J	I PARK		,	Name Ken	me Kent Kellev					
	METARY RD	. <u> </u>	_ 1		eet Address (P.O. Box Number is Not Acceptable)					
FORT MYERS, FL 33905			ŀ	6901						
·				City Fort	Zip Code					
the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistere	d office or regist	ered agent, or both		orida. 1 am 1		and accept	
SIGNATURE .					·					
SIGNATURE.	Signature, typed or printed name of registered agent a	and an appropriate (NOTE:	Registered	Agent signature requi	red when reinstating)		DATE			
SIGNATURE.	Signature, wheel or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2004	9. Election Cam Trust Fund Co	paign Fir	nancing	\$5.00 May Be Added to Fees		ake check	c payable to		
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Fir	nancing	\$5.00 May Be Added to Fees		ake check ida Depari	c payable to	tete	
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2. 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 exployered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/04 239-561-5100 Date Daytime Phone #