2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATHE

FILED Apr 21, 2008 8:00 am Secretary of State

DOCUMENT # 790484 1. Entity Name PINELLAS COUNTY FARM BUREAU LAA.					04-21-2008 90081 012 ****61.25				
Principal Place of Business 1165 LAKEVIEW RD 1165 LAKEVIEW RD CLEARWATER, FL 33756 US CLEARWATER, FL 33756			6 US	s ;					
Principal Place of Business - No P.O. Box # Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03192008	Chg-NP	CR2E037 (12/06)		
City & State		City & State			4. FEI Number 59-07925	529		oplied For ot Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of	Status Desired	S8.75 Add		
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	tegistered Agent		
HITCHODAET CIDALEY				Name Richard Carroll					
HUTCHCRAFT, SIDNEY 2263 GLENMOOR RD NORTH				Street Address (P.O. Box Number is Not Acceptable)					
CLEARWATER, FL 33764				4950-38Th Ave No.					
			ł	City St. Petersburg FL 33710					
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							and accept		
the obligations of registered agent.								`	
SIGNATURE Richard & Carroll 4/16/08									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent egisture required when renzating) OATE									
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agent eignsture require	d when renstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee Is \$61.25 Due by May 1, 2008	9. Election Carn Trust Fund Co	paign Fi	nancing	\$5.00 May Be Added to Fees		DATE lake check payable to ida Department of Si		
10.	Filing Fee Is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Cam Trust Fund Co	paign Fi ontributio	inancing on.	\$5.00 May Be Added to Fees	Flor	DATE Lake check payable to the control of State	tate	
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nerepy 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 817, 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.

Carole 727-466-6390 SIGNATURE: Daytme Phone # SIGNATURE AND TYPED OR FRUITED NAME OF SIGNING OFFICER OR DISECTOR