
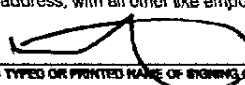


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 790667 1. Entity Name PASCO COUNTY FARM BUREAU LIMITED AGRICULTURAL ASSOCIATION			
Principal Place of Business 12445 U.S. 301 DADE CITY, FL 33525		Mailing Address 12445 U.S. 301 DADE CITY, FL 33525	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent SIMPSON, WILTON 41040 SIMPSON FARM LANE DADE CITY, FL 33525		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DILLARD, JAN 15995 BELLAMY BROTHERS BLVD DADE CITY, FL 33525		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GORE, FRED 7750 GALL BLVD ZEPHYRHILLS, FL 33541		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMPSON, WILTON 41040 SIMPSON FARM LANE DADE CITY, FL 33525		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KINNEY, RICHARD 40455 OTIS ALLEN ROAD ZEPHYRHILLS, FL 33540		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: _____  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-10-06 (852) 567-5641 <small>DATE Daytime Phone #</small>	