

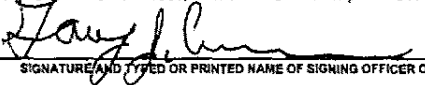


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 790701</b> 1. Entity Name <b>WAKULLA COUNTY FARM BUREAU LAA</b>				
Principal Place of Business <b>2468 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327 US</b>		Mailing Address <b>2468 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327 US</b>		
<b>DO NOT WRITE IN THIS SPACE</b>		  01262007 No Chg-NP CR2E037 (4/06)		
		4. FEI Number <b>59-6177737</b>		(Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>CRUM, GARY J 632 JACK CRUM RD CRAWFORDVILLE, FL 32327</b>		<b>DO NOT WRITE IN THIS SPACE</b>		
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 state if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>				
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
		U00000614225 02/06/07-80017-007 61.25		
<b>10. OFFICERS AND DIRECTORS</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CRUM, GARY 632 JACK CRUM RD CRAWFORDVILLE, FL 32327</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GOWDY, RICHARD 1700 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MERRITT, BILL 3300 SMITH CREEK ROAD SOPCHOPPY, FL</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MERRITT, MARGARET 3300 SMITH CREEK RD SOPCHOPPY, FL 32358</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D CRUM, RENA 632 JACK CRUM RD CRAWFORDVILLE, FL 32327</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
<b>DO NOT WRITE IN THIS SPACE</b>				
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:  <b>Gary J Crum President</b> <b>850 926-3425</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>				