

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790789

FILED  
Apr 12, 2004  
Secretary of State

Entity Name: HILLSBOROUGH COUNTY FARM BUREAU, LAA.

**Current Principal Place of Business:**

100 S MULRENNAN ROAD  
VALRICO, FL 33594

**New Principal Place of Business:**

**Current Mailing Address:**

100 S MULRENNAN ROAD  
VALRICO, FL 33594

**New Mailing Address:**

FEI Number: 59-0730009

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WHITSON, JUDI  
100 S. MULRENNAN RD.  
VALRICO, FL 33594

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CARLTON, DENNIS  
Address: 100 S. MULRENNAN RD  
City-St-Zip: VALRICO, FL 33594

Title: VP ( ) Delete  
Name: CROCKER, SHAWN  
Address: 245 POLK CITY RD.  
City-St-Zip: HAINES CITY, FL 33844

Title: TD ( ) Delete  
Name: COLLINS, BRUCE  
Address: 100 S. MULRENNAN RD.  
City-St-Zip: VALRICO, FL 33594

Title: SD ( ) Delete  
Name: COLEMAN, LEEANN  
Address: 1939 S FORBIS ROAD  
City-St-Zip: PLANT CITY, FL 33567

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CROCKER, SHAWN  
Address: 100 S. MULRENNAN RD  
City-St-Zip: VALRICO, FL 33594

Title: VP (X) Change ( ) Addition  
Name: TANNER, MARTY  
Address: 100 S. MULRENNAN RD  
City-St-Zip: VALRICO, FL 33594

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: COLEMAN, LEEANN  
Address: 100 S. MULRENNAN RD  
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWN B CROCKER

PD

04/12/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date