


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

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 790819</b> 1. Entity Name <b>OSCEOLA COUNTY FARM BUREAU LAA</b>		
Principal Place of Business <b>1680 EAST IRLO BRONSON MCM. HIGHWAY KISSIMMEE, FL 34744</b>	Mailing Address <b>1680 EAST IRLO BRONSON MCM. HIGHWAY KISSIMMEE, FL 34744</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>HARBIN, HERB 4455 KAISER AVE ST. CLOUD, FL 32772</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 date if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D LEE, ARINDA 1500 E 10TH STREET SAINT CLOUD, FL 34771	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	V HAGGARD, DANIEL 5160 HAYWOOD RUFFIN ROAD SAINT CLOUD, FL 34771	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P HARBIN, HERB 4455 KAISER AVE SAINT CLOUD, FL 34772	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S/T BATEMAN, RANDY 3600 HARBOR RD KISSIMMEE, FL 34746	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D OXFORD, DEWAYNE 13754 DESERET LN SAINT CLOUD, FL 34773	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D LACKEY, DANNY 1415 W VINE ST. KISSIMMEE, FL	
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>		<b>3-2-06 407-847-5189</b> Date Daytime Phone #



02162006 No Chg-NP CRZE037 (11/05)

4. FEI Number <b>59-1140157</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

100000454784  
03/18/06-00047-006 61.25

**DO NOT WRITE  
IN THIS SPACE**