

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # H44617

1. Entity Name  
FARMERS AGRICULTURAL SUPPLY CO., INC.



Principal Place of Business  
5386 EZELL STREET  
GRACEVILLE, FL 32440

Mailing Address  
5386 EZELL STREET  
GRACEVILLE, FL 32440

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**



01062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2473681	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**

MIXSON, JOHN VIRGIL  
5386 EZELL STREET  
GRACEVILLE, FL 32440

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MIXSON, JOHN VIRGIL
STREET ADDRESS	5386 EZELL STREET
CITY-ST-ZIP	GRACEVILLE, FL 32440

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

000000580078  
01/10/07-80033-075 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-07 850-263-457