2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 12, 2005 8:00 am Secretary of State **DOCUMENT # L90770** 04-12-2005 90158 048 ***150 00 1. Entity Name FLORIDA SENEPOL ASSOCIATION, INC. Principal Place of Business Mailing Address 9100 NW 150TH AVE 9100 NW 150TH AVE MORRISTON, FL 32668 MORRISTON, FL 32668 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3018213 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THOMPSON: LINDA 9100 NW 150TH AVE Street Address (P.O. Box Number is Not Acceptable) MORRISTON, FL 32668 City Zip Code FL 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, typed or printed name of registered agent and title if applicable SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FiLE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ШΕ Detete TITLE ☐ Change ☐ Addition NORTON, JOYCE NAME NAM# PO BOX 1427 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TRENTON, FL 32698 CITY-ST-78P TITLE ☐ Delete TIFLE ☐ Addition ☐ Change THOMPSON, RICHARD V NAME NAME STREET ADDRESS 9100 NW 150 AVE STREET ADDRESS MORRISTON, FL CITY-ST-ZIP CITY-ST-74P TITLE ☐ Delete TITLE ☐ Change ☐ Addition THOMPSON, LINDA NAME NAME 9100 NW 150TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MORRISTON, FL CITY-ST-ZIP TITLE Delete TITLE □ Change □ Addition BALKEOM, BARBARA NAME STREET ADDRESS 1937 NW CR 235 STREET ADDRESS CITY-ST-ZIP LAKE BUTLER, FL 32054 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify 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 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.

FILED