

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 18, 2007
Secretary of State**

DOCUMENT# N04000005710

Entity Name: HILLSBOROUGH COUNTY AG-VENTURE, INC.

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: 20-2719496 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITSON, JUDI
100 S. MULRENNAN ROAD
VALRICO, FL 33594 US

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: D () Delete
Name: BANKS, VINA J
Address: P.O. BOX 11766 4800 HWY 301 N
City-St-Zip: TAMPA, FL 33680

Title: D () Delete
Name: BENDER, GEORGENE
Address: 5339 CR 579
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: HINTON, LISA
Address: P.O. BOX 11766 4800 HIGHWAY 301 N
City-St-Zip: TAMPA, FL 33680

Title: D () Delete
Name: WHITSON, JUDI
Address: 100 S. MULRENNAN ROAD
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: HUDSON, LYNANN
Address: P.O. BOX 11766 4800 HIGHWAY 301 N
City-St-Zip: TAMPA, FL 33680

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: VINA JEAN BANKS

PD

04/18/2007

Electronic Signature of Signing Officer or Director

_____ Date