

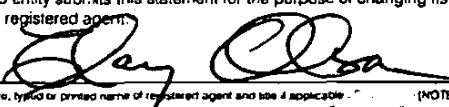
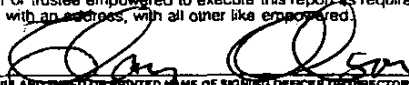


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-13-2006 90024 044 ****61.25

DOCUMENT # N21251 1. Entity Name PERENNIAL PEANUT PRODUCERS ASSOCIATION, INC.					
Principal Place of Business % CLAY OLSON 203 FOREST PARK DRIVE PERRY FL 32347			Mailing Address % CLAY OLSON 203 FOREST PARK DRIVE PERRY FL 32347		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		66006014 	
City & State		City & State		4. FEI Number 59-2879091	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLSON, CLAY 203 FOREST PARK DRIVE PERRY FL 32347				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D <input type="checkbox"/> Delete NAME LLOYD, WILLIAM M STREET ADDRESS 20410 COUNTY RD, 49 CITY-ST-ZIP O BRIEN FL 32071			TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Steve Basford STREET ADDRESS 1212 Spivey Rd. CITY-ST-ZIP Grand Ridge, FL 32442		
TITLE D <input checked="" type="checkbox"/> Delete NAME SCOTT, HARVEY STREET ADDRESS 25035 PUMKIN CTR RD CITY-ST-ZIP HOWEY IN THE HILLS FL 34737			TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME LINDY S. CONE STREET ADDRESS 4244 SW Sundown Creek Rd. CITY-ST-ZIP Greenville, FL 32331		
TITLE D <input checked="" type="checkbox"/> Delete NAME COHEN, JUDITH T STREET ADDRESS 18750 COUNTY RD 252 CITY-ST-ZIP MC ALPIN FL 32062			TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME William Jordan STREET ADDRESS 706 N Court St. CITY-ST-ZIP Quitman, GA 31643		
TITLE D <input type="checkbox"/> Delete NAME CAMPBELL, KEVIN STREET ADDRESS 902 COLLEGE AVE CITY-ST-ZIP MADISON FL 32340			TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME David Caruthers STREET ADDRESS 1528 CR 232A CITY-ST-ZIP Wildwood, FL 34785		
TITLE D <input checked="" type="checkbox"/> Delete NAME HIMES, LOTLITA S STREET ADDRESS P.O. BOX 1348 CITY-ST-ZIP LIVE OAK FL 32064			TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Doreen Curtis STREET ADDRESS 7030 177th Dr. CITY-ST-ZIP LIVE OAK, FL 32060		
TITLE D <input checked="" type="checkbox"/> Delete NAME CONE, RICHARD STREET ADDRESS RT 4 BOX 259 CITY-ST-ZIP GREENVILLE FL 32331			TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Clay Olson STREET ADDRESS 203 Forest Park Dr. CITY-ST-ZIP Perry, FL 32347		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  2/23/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



ATTACHMENT

66002812

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2006

PERENNIAL PEANUT PRODUCERS ASSOCIATION, INC.
% CLAY OLSON
203 FOREST PARK DRIVE
PERRY, FL 32347

Subject: PERENNIAL PEANUT PRODUCERS ASSOCIATION, INC.

Reference Number:

N21251

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION