2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# N93000003659

Entity Name: FLORIDA AGRICULTURE CONFERENCE AND TRADE SHOW, INC.

Current Principal Place of Business:

9340 56TH ST N
#105
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

9340 56TH ST N
#105
TAMPA, FL 33617

New Mailing Address:

FEI Number: 59-3203911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AMAROSA, JENNIFER
9340 56TH ST,. N
STE. 105
TEMPLE TERRACE, FL 33617 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: VD ( ) Delete
Name: HUTCHEON, BILL
Address: 878 WATERWAY PL
City-St-Zip: LONGWOOD, FL 32750

Title: PTD ( ) Delete
Name: TIGHE, SONIA
Address: 16102 CADBURY CT
City-St-Zip: TAMPA, FL 33647

Title: SD ( ) Delete
Name: GILMER, RAY
Address: P.O. BOX 140155
City-St-Zip: ORLANDO, FL 32814

Title: VD ( ) Delete
Name: MORRIS, ROY
Address: 1614 YORKSHIRE TR
City-St-Zip: ORLANDO, FL 32809

Title: VD ( ) Delete
Name: SARGENT, STEVE
Address: P.O. BOX 110690
City-St-Zip: GAINESVILLE, FL 32611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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 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: SONIA TIGHE PTD 05/02/2005

Electronic Signature of Signing Officer or Director — Date