


**2005 NQT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000005244</b> 1. Entity Name <b>FLORIDA AGRICULTURAL HALL OF FAME FOUNDATION, INC.</b>	
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Principal Place of Business <b>4508 OAK FAIR BLVD STE 290 TAMPA, FL 33610 US</b>	Mailing Address <b>4508 OAK FAIR BLVD STE 290 TAMPA, FL 33610 US</b>
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01272005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3280221</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SMITH, CHARLES R. 4508 OAK FAIR BLVD STE 290 TAMPA, FL 33610</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 <b>Charles R. Smith</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <b>1/28/2005</b>

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SMITH, CHARLES R 10394 WALLIEN DRIVE BROOKSVILLE, FL 34601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BROWN, REGGIE P O BOX 140635 ORLANDO, FL 328140635</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HUGHES, TOM 1311 S. HOWARD AVE. TAMPA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HARRIS, WAYNE 2804 24TH STREET RUSKIN, FL 33570</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KELLY, RICHARD 4449 MAYLOR ROAD TALLAHASSEE, FL 32308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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 <b>Charles R. Smith</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>1-28-2005</b> DAYTIME PHONE # <b>813-628-4551</b>