


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000001909</b> 1. Entity Name <b>FARMERS' MARKETING CO-OP, INC.</b>		
Principal Place of Business <b>681 S MAIN ST LABELLE, FL 33935 US</b>	Mailing Address <b>681 S MAIN ST LABELLE, FL 33935 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>TOLAR, TONY L 681 S MAIN ST LABELLE, FL 33935</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
<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</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUTNAL, JACK 19769 152ND STREET LIVE OAK, FL 32060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARBOROUGH, BLAINE ROUTE 2, BOX 218 PAVO, GA 31778	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRALEIGH, RUTHANN 3921 FT DENAUD RD LABELLE, FL 33935	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLAR, TONY 681 SIMAIN ST LABELLE, FL 33935	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Ruthann Fraleigh</u> <b>RUTHANN FRALEIGH</b> 4/28/05 863 685-74 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04292005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0742388**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

000000358460  
05/04/05-80115-012 61.25

**DO NOT WRITE  
IN THIS SPACE**