


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 357761**  
1. Entity Name  
**KILGORE SEED COMPANY**



Principal Place of Business  
**256 NW CHARLOTTE GLEN  
LAKE CITY, FL 32055**

Mailing Address  
**P O BOX 2082  
LAKE CITY, FL 32056**

**DO NOT WRITE IN THIS SPACE**



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1417160</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HUNZIKER, J HAROLD  
256 N.W. CHARLOTTE GLEN  
LAKE CITY, FL 32055**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HUNZIKER, J HAROLD 256 N.W. CHARLOTTE GLEN LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PERRON, LYDIA H 5310 HAWFORD CIRCLE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HUNZIKER, PATRICIA 256 N.W. CHARLOTTE GLEN LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/09/06-80002-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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: *J. Harold Hunziker* **J. HAROLD HUNZIKER** 1/4/06 386-754-1938  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #