



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 357761 1. Entity Name KILGORE SEED COMPANY	
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Principal Place of Business 256 NW CHARLOTTE GLEN LAKE CITY, FL 32055	Mailing Address P O BOX 2082 LAKE CITY, FL 32056
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DO NOT WRITE IN THIS SPACE



04252007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

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

U00000745281
 05/16/07-80022-006 150.00

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/26/07 **Date** 386-754-0462 **Daytime Phone #**