


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90260 006 ****61.25

DOCUMENT # 790526			
1. Entity Name FARMERS COOPERATIVE INC.			
Principal Place of Business PO BOX 610 LIVE OAK FL 32064 US		Mailing Address PO BOX 610 LIVE OAK FL 32064 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

20040795



1st MOORE CR2E037 (10/04)

4. FEI Number 59-0566896		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAWRENCE, TODD 1841 W HOWARD ST. LIVE OAK FL 32060		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

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 reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY, E. RICHARD		NAME		
STREET ADDRESS	RT 1, BOX 2295		STREET ADDRESS		
CITY-ST-ZIP	MADISON FL 32340		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ARCHIE		NAME		
STREET ADDRESS	1852 COTTONWOOD ST		STREET ADDRESS		
CITY-ST-ZIP	LEE FL 32059		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, TODD		NAME		
STREET ADDRESS	1725 W HOWARD STREET		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL 32060		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, JOHN C		NAME		
STREET ADDRESS	176 S E PIONEER ST		STREET ADDRESS		
CITY-ST-ZIP	LEE FL 32059		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, EDDY		NAME		
STREET ADDRESS	P.O. BOX 184		STREET ADDRESS		
CITY-ST-ZIP	O'BRIEN FL 32071		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, TED		NAME		
STREET ADDRESS	16540 68TH PL		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL 32064		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)(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: *Todd Lawrence*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #