

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90404 025 \*\*\*\*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



03012006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0566896**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LAWRENCE, TODD  
1841 W HOWARD ST  
LIVE OAK, FL 32060

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME TERRY, E. RICHARD  
STREET ADDRESS RT 1, BOX 2295  
CITY-ST-ZIP MADISON, FL 32340

TITLE P  
NAME DAVIS, ARCHIE  
STREET ADDRESS 1852 COTTONWOOD ST  
CITY-ST-ZIP LEE, FL 32059

TITLE ST  
NAME LAWRENCE, TODD  
STREET ADDRESS 1725 W HOWARD STREET  
CITY-ST-ZIP LIVE OAK, FL 32060

TITLE V  
NAME WEBB, JOHN C  
STREET ADDRESS 176 S E PIONEER ST  
CITY-ST-ZIP LEE, FL 32059

TITLE D  
NAME ROBERTS, EDDY  
STREET ADDRESS P.O. BOX 184  
CITY-ST-ZIP O'BRIEN, FL 32071

TITLE D  
NAME HENDERSON, TED  
STREET ADDRESS 16540 68TH PL  
CITY-ST-ZIP LIVE OAK, FL 32064

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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 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* Todd Lawrence

3/6/06

386-362-1459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #