


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000005771
1. Entity Name
GROWMARK, INC.



Principal Place of Business
1701 TOWANDA AVENUE
BLOOMINGTON, IL 61701

Mailing Address
1701 TOWANDA AVENUE
BLOOMINGTON, IL 61701

DO NOT WRITE IN THIS SPACE



03312004 No Chg-P CR2E034 (10/03)

4. FEI Number
37-0815318

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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, 2004 Fee will be \$550.00**

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	CEO DAVISSON, WILLIAM 1701 TOWANDA AVENUE BLOOMINGTON, IL 61701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARWICK, STEVE 1701 TOWANDA AVENUE BLOOMINGTON, IL 61701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, DAVIS 1701 TOWANDA AVENUE BLOOMINGTON, IL 61701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARR, STEVE 1701 TOWANDA AVENUE BLOOMINGTON, IL 61701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FARMER, DENNIS 1701 TOWANDA AVENUE BLOOMINGTON, IL 61701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCGINNIS, VERN 1701 TOWANDA AVENUE BLOOMINGTON, IL 61701

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04/05/04-80035-025 150.00

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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 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: William D. Davison 04-01-04 (309)557-6099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #