


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02Q00005771**

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**



01062005 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**

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE IN THIS SPACE**

UD00000251094  
 03/04/05-80037-019 150.00

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 **02-24-05** **(309) 551-6099**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #