

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

For Office Use Only

DO NOT WRITE IN THIS SPACE

**FILED**

11 JUN 30 AM 5:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PO3000005768**

1. Entity Name

**Austin Growers Inc**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #

**205 Austin Lane**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 863**

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

**Bowling Green FL**

City & State

**Bowling Green FL**

4. FEI Number

**43-1997038**

Applied For

Not Applicable

Zip

**33834**

Country

**USA**

Zip

**33834**

Country

**FL USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**Erica Schepsmeier**

Street Address (P.O. Box Number is Not Acceptable)

**270 Torrey Rd**

City

**Bowling Green**

FL

Zip Code

**33834**

**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]*

**5/6/11**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$500.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

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

E-mail Address:

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
Anthony Schepsmeier  
# P.O. Box 863  
Bowling Green, FL 33834**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**UP  
Erica Schepsmeier  
P.O. Box 863  
Bowling Green, FL 33834**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

500207325795  
05/06/11--01045--001 \*\*150.00

**DO NOT WRITE  
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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/6/11**

DATE

**863-375-4450**

Daytime Phone #

7/1/11