


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000109515	
1. Entity Name GOLDEN GATE GROWERS INC	

Principal Place of Business 3210 7TH AVE NW NAPLES, FL 34120	Mailing Address 3210 7TH AVE NW NAPLES, FL 34120
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DO NOT WRITE IN THIS SPACE



01212007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1415460	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PARADISE ACCOUNTING & TAX SERVICE INC 125 ROOKERY ROAD NAPLES, FL 34114
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**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S BLEEM, GEORGE 3210 7TH AVE NW NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, T HUGHES, JEREMY 742 93RD AVE N NAPLES, FL 34108
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**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 Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: George Bleem 1/21/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #