2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 03, 2006 08:00 AM Secretary of State **DOCUMENT # 343813** t. Entity Name **B & W QUALITY GROWERS INC** Mailing Address Principal Place of Business 17825 9TH ST FELLSMERE FL 32948 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-1237359 Not Applicable Country \$8,75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BURGOON, RICHARD R Street Address (P.O. Box Number is Not Acceptable) 11 DOVE PLUM ROAD VERO BEACH FL 32963 Zip Code City 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 DATE (NOTE Registered Agent signature inquired when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Se \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS tt. 10. Addition TITLE Defete TITLE ☐ Change NAME BURGOON, RICHARD NAME STREET ADDRESS U00000488833 STREET ADDRESS 11 DOVE PLUM ROAD CITY-ST-ZIP C/TY-ST-7(9) VERO BEACH FL 32963 04/17/06:80025-005_150.00 ☐ Delete ☐ Change Addition IIILE TITLE MAME NARAE BURGOON, PATRICIA STREET ADDRESS 11 DOVE PLUM ROAD STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY - S1 - ZIP ☐ Change Addition TITLE □ Delete TOTALE NAME NAME STREET ADDRESS STREET ADDRESS CSSY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete Change TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP noillbbA 🔯 Delete Thange THE 3.17)7 MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE T)Ti E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-779 12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Section 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 path, 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.

Elherard C. Schnell, Edward C. Schnell-Congression 3-30-06

SIGNATURE:

FILED

772-571-0800 KZNZ