

Jan 24 05 01:42p

GROWERS SERVICE CO

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90053 023 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 739209					
1. Entity Name FLORIDA CITRUS PRODUCTION MANAGERS ASSOCIATION, INC.					
Principal Place of Business 3500 LAKE ALFRED ROAD WINTER HAVEN, FL 33881 US			Mailing Address 3500 LAKE ALFRED ROAD WINTER HAVEN, FL 33881 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1808558	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUTTON, DONALD 3500 LAKE ALFRED ROAD WINTER HAVEN, FL 33881				7. Name and Address of New Registered Agent	
				-Name-	
				Street Address (P.O. Box Number Is Not Acceptable)	
				City	
				FL Zip Code	
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. (NOTE: Registered Agent signature required when resigning) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	2VD	☒ Delete	TITLE	1VP	☐ Change ☒ Addition
NAME	CLOUGLEY, JAMES		NAME	Jason McNeer	
STREET ADDRESS	490 45TH CT		STREET ADDRESS	235 W. Park Lane	
CITY-ST-ZIP	VERO BEACH, FL 32968		CITY-ST-ZIP	LAKE ALFRED, FL 33881	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COUNTER, CHARLES		NAME		
STREET ADDRESS	2085 WEST LAKE HAMITON DR		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	SHINN, CHARLES III		NAME		
STREET ADDRESS	11875 10TH ST		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SUTTON, DONALD		NAME		
STREET ADDRESS	998 S. LAKE ELBERT DR S.E.		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP		
TITLE	1VD	☐ Delete	TITLE	President + (P)	☒ Change ☐ Addition
NAME	DUBOIS, MARK		NAME		
STREET ADDRESS	4001 SEMINOLE PRATT WHITNEY RD		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE, FL 34972		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	2VP	☐ Change ☒ Addition
NAME	MCCLURE, PETER		NAME	James A. Snively	
STREET ADDRESS	10410 BLUEFIELD ROAD		STREET ADDRESS	244 Huntley Oaks Blvd	
CITY-ST-ZIP	OKEECHOBEE, FL 34972		CITY-ST-ZIP	LK. PLACE, FL 33852	
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 617, 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: Donald Sutton			2/3/05 863 293 4406		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

40013427



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