2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90201 020 ****61.25

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DOCUMENT # 745464

1. Entity Name
PALM BEACH WHOLESALE GROWERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13121 N. MILITARY TRAIL DELRAY BEACH, FL 33484 US	P.O. BOX 740137 BOYNTON BEACH, FL 33474 US

03042004 Chg-NP CR2E037 (10/03)

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 59-1886632 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FROEHLICH, JOHN F CPA 12773 W FOREST HILL BLVD STE 1201 WELLINGTON, FL 33414	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 reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP ROSACKER, PATRICK P.O. BOX 540939 LAKE WORTH, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP Celiberti, Joe 3604 "C" Road, Loxahatchee, FL 33470	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MURRAY, RICHARD 5275 STEINER RD BOYNTON BEACH, FL 33436	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CIALONE, Joseph Sr. 5075 95th AVE S. Lake Worth, FL 33461	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MULVEHILL, JOSEPH 9821 HAPPY HOLLOW RD DELRAY BEACH, FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MURRAY, DAVID 4595 125TH AVE D WESTON, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Boyd, William 1585 "B" Road, Loxahatchee, FL 33470	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CIALONE, JOE 5075 95TH AVE S LAKE WORTH, FL 33461	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FRIEDRICH, MARK 12839 25TH ST N LOXAHATCHEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Joseph P Cialone TREASURER 3-8-04 561-967-5869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #