

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90331 035 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                             |                                                                                            |                                                                                                                                              |                                                                                                                                             |                 |
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| <b>DOCUMENT # F02000004509</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                             |                                                                                            |                                                                                                                                              |                                                                                                                                             |                 |
| <b>1. Entity Name</b><br>SUNSWEET GROWERS INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                             |                                                                                            |                                                                                                                                              |                                                                                                                                             |                 |
| <b>Principal Place of Business</b><br>901 N. WALTON AVE<br>YUBA CITY, CA 95993                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                             |                                                                                            | <b>Mailing Address</b><br>901 N. WALTON AVE<br>YUBA CITY, CA 95993                                                                           |                                                                                                                                             |                 |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                             | <b>3. Mailing Address</b>                                                                  |                                                                                                                                              |                                                                                                                                             |                 |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                             | Suite, Apt. #, etc.                                                                        |                                                                                                                                              |                                                                                                                                             |                 |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                             | City & State                                                                               |                                                                                                                                              |                                                                                                                                             |                 |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                     | Zip                                                                                        | Country                                                                                                                                      | <b>4. FEI Number</b><br>94-0360795                                                                                                          |                 |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                             |                                                                                            |                                                                                                                                              | <b>\$8.75 Additional Fee Required</b>                                                                                                       |                 |
| <b>6. Name and Address of Current Registered Agent</b><br><br>PARACORP INCORPORATED<br>236 E. SIXTH AVENUE<br>TALLAHASSEE, FL 32303                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                             |                                                                                            | <b>7. Name and Address of New Registered Agent</b><br>Name: N/A<br>Street Address (P.O. Box Number is Not Acceptable):<br>City: FL Zip Code: |                                                                                                                                             |                 |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                             |                                                                                            |                                                                                                                                              |                                                                                                                                             |                 |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             |                                                                                            |                                                                                                                                              |                                                                                                                                             |                 |
| <b>Filing Fee is \$61.25 Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                             | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                              | <b>\$5.00 May Be Added to Fees</b>                                                                                                          |                 |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             |                                                                                            |                                                                                                                                              |                                                                                                                                             |                 |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                             |                                                                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                 |                                                                                                                                             |                 |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>ARTHUR, DRISCOLL<br>901 N. WALTON AVENUE<br>YUBA CITY, CA 95993 <input type="checkbox"/> Delete        |                                                                                            | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                        | D<br>Ren Fairbanks<br>197 Crater Lake Drive<br>Chico, CA 95973 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                 |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T/S<br>SPYRES, ANA<br>901 N. WALTON AVENUE<br>YUBA CITY, CA 95993 <input type="checkbox"/> Delete           |                                                                                            | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                        | D<br>Phillip Filter<br>1010 Morse Road<br>Live Oaks, CA 95953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |                 |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | C/D<br>THIARA, GURJEET S<br>1639 CUMMINGS COURT<br>YUBA CITY, CA 95993 <input type="checkbox"/> Delete      |                                                                                            | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                        | D<br>Brendon Flynn<br>13489 Hwy. 99E<br>Red Bluff, CA 96080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |                 |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>AMAREL, BOB JR.<br>6368 S. TOWNSHIP ROAD<br>YUBA CITY, CA 95993 <input type="checkbox"/> Delete        |                                                                                            | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                        | D<br>Robert Kolberg<br>19488 Farallon Road<br>Madera, CA 93638 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                 |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>BAINS, JASWINDER<br>4247 FORTNA ROAD<br>YUBA CITY, CA 95993 <input checked="" type="checkbox"/> Delete |                                                                                            | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                        | D<br>John Rehmann<br>8702 Highway 70<br>Marysville, CA 95901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |                 |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>BILLIOU, MICHAEL J III<br>4290 HIGHWAY 45<br>HAMILTON CITY, CA 95951 <input type="checkbox"/> Delete   |                                                                                            | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                        | See Attachment 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                         |                 |
| <b>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.</b> |                                                                                                             |                                                                                            |                                                                                                                                              |                                                                                                                                             |                 |
| <b>SIGNATURE:</b> <i>Ana Spyres</i> Ana Spyres, CFO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                             |                                                                                            | 4-21-05                                                                                                                                      |                                                                                                                                             | (530)674-5010   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                             |                                                                                            | Date                                                                                                                                         |                                                                                                                                             | Daytime Phone # |

**ANNUAL REPORT  
Attachment 11**

ATTACHMENT

14001066  
#F02000004509

**2004-2005  
SUNSWEET GROWERS INC.  
BOARD OF DIRECTORS (Continued)**

**Director**

**Address**

**Smith, Hans F.**

8701 South Grantland  
Fresno, CA 93706

**Smith, Tim D.  
(Vice Chairman)**

24775 Kauffman Avenue  
Red Bluff, CA 96080

**Turkovich, Joe**

27606 Walnut Bayou Lane  
Winters, CA 95694

**Vossler, Donald J.**

18426 Avenue 160  
Porterville, CA 93257