

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90051 013 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |                                                                                  |                                                                                  |                                                                                                                                             |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # F02000004509</b><br>1. Entity Name<br><b>SUNSWEET GROWERS INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                                                                  |                                                                                  |                                                                                                                                             |                                                                              |
| Principal Place of Business<br><b>901 N. WALTON AVE<br/>YUBA CITY, CA 95993</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |                                                                                  | Mailing Address<br><b>901 N. WALTON AVE<br/>YUBA CITY, CA 95993</b>              |                                                                                                                                             |                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           |                                                                                  | 3. Mailing Address<br>Suite, Apt. #, etc.                                        |                                                                                                                                             |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |                                                                                  | City & State                                                                     |                                                                                                                                             |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           | Country                                                                          |                                                                                  | 4. FEI Number<br><b>94-0360795</b>                                                                                                          |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                                                                  |                                                                                  | <b>\$8.75 Additional Fee Required</b>                                                                                                       |                                                                              |
| <b>6. Name and Address of Current Registered Agent</b><br><b>PARACORP INCORPORATED<br/>236 E. SIXTH AVENUE<br/>TALLAHASSEE, FL 32303</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           |                                                                                  |                                                                                  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           |                                                                                  |                                                                                  |                                                                                                                                             |                                                                              |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           | 9. Election Campaign Financing 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>                     |                                                                                                                                             |                                                                              |
| TITLE<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                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | D<br>Filter, Phillip<br>1010 Morse Road<br>Live Oak, CA 95953                                                                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<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                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | D<br>Flynn, Brendon S.<br>13489 Hwy. 99 E<br>Red Bluff, CA 96080                                                                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | C/D<br>THIARA, GURJEET S<br>P.O. BOX 3686<br>YUBA CITY, CA 95993          | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | D<br>Kolberg, Robert<br>19488 Farallon Road<br>Madera, CA 93638                                                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<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                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | D<br>Rehermann, John M.<br>8702 Highway 70<br>Marysville, CA 95901                                                                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>FAIRBANKS, REN<br>197 CRATER LAKE DR<br>CHICO, CA 95973              | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | D<br>Smith, Hans<br>8701 South Grantland<br>Fresno, CA 93706                                                                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<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                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | D<br>Smith, Tim<br>1185 Watts Estates Drive<br>Chico, CA 95926                                                                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 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>SIGNATURE:</b> _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                                                                  | Arthur Driscoll II, President/CEO<br>1/4/07<br>(530) 674-5010<br>Daytime Phone # |                                                                                                                                             |                                                                              |

ATTACHMENT

60002164  
FO2000004509

Annual Report  
Attachment 11

**2006-2007  
SUNSWET GROWERS INC  
BOARD OF DIRECTORS (Continued)**

**Director**

**Address**

**Turkovich, Joe**

27606 Walnut Bayou Lane  
Winters, CA 95694

**Yerxa, Daniel C.**

P.O. Box 266  
Colusa, CA 95932

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |                                                                                                   |                                                                                                                          |                                                                                                        |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <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 - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  | <b>3. Mailing Address</b>                                                                         |                                                                                                                          |                                                                                                        |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  | Suite, Apt. #, etc.                                                                               |                                                                                                                          |                                                                                                        |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  | City & State                                                                                      |                                                                                                                          | 01042007    Chg-NP    CR2E037 (12/06)                                                                  |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  | Country                                                                                           |                                                                                                                          | <b>4. FEI Number</b><br>94-0360795                                                                     |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  | Country                                                                                           |                                                                                                                          | <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<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, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  | <b>9. Election Campaign Financing</b> <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>P</b><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                                                                    | <b>D</b><br>Filter, Phillip<br>1010 Morse Road<br>Live Oak, CA 95953                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>T/S</b><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                                                                    | <b>D</b><br>Flynn, Brendon S.<br>13489 Hwy. 99 E<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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>C/D</b><br>THIARA, GURJEET S<br>P.O. BOX 3686<br>YUBA CITY, CA 95993          | <input type="checkbox"/> Delete                                                                   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <b>D</b><br>Kolberg, Robert<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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>D</b><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                                                                    | <b>D</b><br>Rehermann, John M.<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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>D</b><br>FAIRBANKS, REN<br>197 CRATER LAKE DR<br>CHICO, CA 95973              | <input type="checkbox"/> Delete                                                                   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <b>D</b><br>Smith, Hans<br>8701 South Grantland<br>Fresno, CA 93706                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>D</b><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                                                                    | <b>D</b><br>Smith, Tim<br>1185 Watts Estates Drive<br>Chico, CA 95926                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>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 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> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  |                                                                                                   | <b>11/4/07</b>                                                                                                           |                                                                                                        |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                                                                                                   | Date                                                                                                                     |                                                                                                        |                                                                              |
| Arthur Driscoll II, President/CEO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |                                                                                                   | (530) 674-5010                                                                                                           |                                                                                                        |                                                                              |

ATTACHMENT

60002164

F02000004509

Annual Report  
Attachment 11

2006-2007  
SUNSWEET GROWERS INC  
BOARD OF DIRECTORS (Continued)

Director

Address

Turkovich, Joe

27606 Walnut Bayou Lane  
Winters, CA 95694

Yerxa, Daniel C.

P.O. Box 266  
Colusa, CA 95932