

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000005759

1. Entity Name
GROWMARK FS, INC.



Principal Place of Business
**1701 TOWANDA AVE.
BLOOMINGTON, IL 61702-2500**

Mailing Address
**1701 TOWANDA AVE.
BLOOMINGTON, IL 61702-2500**



03312004 No Chg-P CR2E034 (10/03)

4. FEI Number
37-1448326

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000119611
04/19/04 00107 000 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DAVISSON, WILLIAM
STREET ADDRESS 1701 TOWANDA AVE.
CITY-ST-ZIP BLOOMINGTON, IL 617022500

TITLE SD
NAME BARWICK, STEVE
STREET ADDRESS 1701 TOWANDA AVE.
CITY-ST-ZIP BLOOMINGTON, IL 617022500

TITLE TD
NAME ANDERSON, DAVIS
STREET ADDRESS 1701 TOWANDA AVE.
CITY-ST-ZIP BLOOMINGTON, IL 617022500

TITLE SD
NAME CARR, STEPHEN R
STREET ADDRESS 1701 TOWANDA AVENUE
CITY-ST-ZIP BLOOMINGTON, IL 61701

TITLE TD
NAME SOLBERG, JEFFEREY M
STREET ADDRESS 1701 TOWANDA AVE
CITY-ST-ZIP BLOOMINGTON, IL 61701

TITLE VD
NAME MCGINNIS, VERN
STREET ADDRESS 1701 TOWANDA AVE
CITY-ST-ZIP BLOOMINGTON, IL 61701

**DO NOT WRITE
IN THIS SPACE**

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeffery M. Solberg **JEFFEREY M. SOLBERG** 4/12/04 309-527-6287