

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001023

FILED
Jul 11, 2008
Secretary of State

Entity Name: SHENANDOAH GROWERS, INC.

Current Principal Place of Business:

3453 KOEHN DRIVE
HARRISONBURG, VA 22802

New Principal Place of Business:

Current Mailing Address:

3453 KOEHN DRIVE
HARRISONBURG, VA 22802

New Mailing Address:

FEI Number: 54-1521303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNN, JOHN MICHAEL
830 N. KROME AVENUE
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: HEYDON, TIMOTHY A
Address: 3453 KOEHN DRIVE
City-St-Zip: HARRISONBURG, VA 22802

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SECR () Change (X) Addition
Name: PHILLIPS, CHRISTINA L
Address: 3453 KOEHN DRIVE
City-St-Zip: HARRISONBURG, VA 22802

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY A. HEYDON

PST

07/11/2008

Electronic Signature of Signing Officer or Director

Date