

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H05762

FILED
Feb 13, 2004
Secretary of State

Entity Name: ORCHID ISLAND GROWERS, INC.

Current Principal Place of Business:

8180 US #1
WABASSO, FL 32967 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 700068
WABASSO, FL 32970 US

New Mailing Address:

1122 OLD DIXIE HWY B4
VERO BEACH, FL 32960 US

FEI Number: 59-2565362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE MICHAEL-NEELY
TWO EARRING POINT
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

MICHAEL-NEELY, BURKE
TWO EARRING POINT
VERO BEACH, FL 32963 US

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: BURKE MICHAEL-NEELY 02/13/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MICHAEL-NEELY, BURKE
Address: 2 EARRING POINT
City-St-Zip: VERO BEACH, FL

Title: VPD () Delete
Name: MICHAEL, TIMOTHY P.,
Address: 4 EARRING POINT
City-St-Zip: VERO BEACH, FL

Title: SD () Delete
Name: WAGGAMAN, B. ANN,
Address: 3631 OCEAN DRIVE.
City-St-Zip: VERO BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: MICHAEL, TIMOTHY P
Address: 4 EARRING POINT
City-St-Zip: VERO BEACH, FL

Title: SD (X) Change () Addition
Name: WAGGAMAN, B A
Address: 3631 OCEAN DRIVE.
City-St-Zip: VERO BEACH, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BURKE MICHAEL-NEELY P 02/13/2004

Electronic Signature of Signing Officer or Director Date