2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J94740

Entity Name: GROWERS FERTILIZER CORPORATION

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 312 N. BUENA VISTA DR. LAKE ALFRED, FL 33850 **Current Mailing Address: New Mailing Address:** P.O. BOX 1407 LAKE ALFRED, FL 338501407 FEI Number: 59-0275000 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: O'STEEN, RICHARD G 312 N. BUENA VISTA DR. US LAKE ALFRED, FL 33850 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition STRANG, JOHN Name: Name: P.O. BOX 1364 Address: Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BARBEN, ROBERT J Name: 19 EAST MAIN Address: Address: City-St-Zip: AVON PARK, FL 33826 City-St-Zip: () Delete Title: Title: () Change () Addition STAMBAUGH, JERE III Name: Name: 107 MASSHSOIT STREET Address: Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: Title: () Delete Title: () Change () Addition SORRELLS, STEVE Name: Name: Address: 125 MARSHALL AVE Address: City-St-Zip: AVON PARK, FL 33821 City-St-Zip: Title: Title: () Delete () Change () Addition SNIVELY, HARVEY Name: Name: 312 N. BUENA VISTA DR. Address: Address: City-St-Zip: LAKE ALFRED, FL 33850 City-St-Zip: Title: () Delete Title: () Change () Addition SUTTON, BRENT W Name: Name: Address: 14632 MT ZION ROAD Address: City-St-Zip: City-St-Zip: DADE CITY, FL 33523

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: RICHARD G. O'STEEN S 04/29/2008