


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K62942 1. Entity Name PACIFIC GROWERS INC. OF FLORIDA	
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Principal Place of Business 2880 NW SECOND AVE BLDG. 4 BOCA RATON, FL 33431 US	Mailing Address 2880 NW SECOND AVE BLDG. 4 BOCA RATON, FL 33431 US
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DO NOT WRITE IN THIS SPACE

FILED
05 MAY 10 PM 12:47

FLORIDA DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA



05022005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0107751	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VICKERY CHARLES E 2880 NW SECOND AVE BLDG. 4 BOCA RATON, FL 33431

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

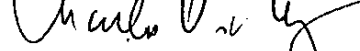
FILE NOW!!! FEE IS \$150.00 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VICKERY, LISA 6021 VIA VENETIA N. BOCA RATON, FL 33484
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05/18/05--01046--016 **400.00

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:  Charles Vickery - Agent 5/1/05	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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