

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90052 024 ***150.00

DOCUMENT # K88492

1. Entity Name

GAMBLE CREEK GROWERS, INC.



Principal Place of Business

**4250 GAMBLE CREEK RD.
PARRISH FL 34219**

Mailing Address

**4250 GAMBLE CREEK RD.
PARRISH FL 34219**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0124339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REENE, JOAN W
4250 GAMBLE CREEK RD.
PARRISH FL 34219**

Name Keene, Joan W.

Street Address (P.O. Box Number is Not Acceptable)

3940 Gamble Creek Road

City Parrish

FL

Zip Code 34219

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

Joan W Keene

2-4-04

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KEENE, GENE L	
STREET ADDRESS	3940 GAMBLE CREEK RD.	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	KEENE, JOAN W	
STREET ADDRESS	3940 GAMBLE CREEK RD.	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREBE, ROBERT A	
STREET ADDRESS	3780 GAMBLE CREEK RD.	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREBE, RHODA B	
STREET ADDRESS	3780 GAMBLE CREEK RD.	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keene, Joan W.	
STREET ADDRESS	3940 Gamble Creek Road	
CITY-ST-ZIP	Parrish, FL 34219	
TITLE	V/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keene, Gene L.	
STREET ADDRESS	3940 Gamble Creek Road	
CITY-ST-ZIP	Parrish, FL 34219	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	← Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	← Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Joan W Keene Joan W Keene

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-04

Date

941-776-2791

Daytime Phone #