

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L54249

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** GROWERS SUPPLY SERVICE, INC.

**Current Principal Place of Business:**

2048 W. KELLY PARK ROAD  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 817  
APOPKA, FL 32704

**New Mailing Address:**

FEI Number: 59-2995236

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LO, MARY C.  
261 LIVERPOOL COVE  
LONGWOOD, FL 32799 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

**OFFICERS AND DIRECTORS:**

Title: DVP  
Name: LO, CHIA-TON  
Address: 261 LIVERPOOL COVE  
City-St-Zip: LONGWOOD, FL 32779

Title: DST  
Name: LO, MARY C.  
Address: 261 LIVERPOOL COVE  
City-St-Zip: LONGWOOD, FL 32779

Title: DP  
Name: HAMEL, CALEB  
Address: 1414 BALMY BEACH DRIVE  
City-St-Zip: APOPKA, FL 32703

I hereby 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 all other like empowered.

SIGNATURE: CALEB HAMEL

DP

02/09/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date