2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L62878

1. Entity Name
FROSTPROOF GROWERS SUPPLY, INC.

FILED
06 FEB -3 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
512 N. SCENIC HWY.
FROSTPROOF, FL 33843

Mailing Address
512 N. SCENIC HWY.
FROSTPROOF, FL 33843

01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3005375
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CURRAN, JAMES P.
512 NORTH SCENIC HIGHWAY
FROSTPROOF, FL 33843

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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
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000387472
01/19/06-01039-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	CURRAN, JAMES P
STREET ADDRESS	512 N. SCENIC HWY
CITY-ST-ZIP	FROSTPROOF, FL
TITLE	DVS
NAME	CURRAN, JOYCE
STREET ADDRESS	512 N SCENIC HWY
CITY-ST-ZIP	FROSTPROOF, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

T. Roberts FEB 0 6 2006

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Joyce M. Curran Joyce M. Curran 2/1/06 863-635-3620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #