

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L62878

FILED
Jan 19, 2009
Secretary of State

Entity Name: FROSTPROOF GROWERS SUPPLY, INC.

Current Principal Place of Business:

512 N. SCENIC HWY.
FROSTPROOF, FL 33843

New Principal Place of Business:

Current Mailing Address:

512 N. SCENIC HWY.
FROSTPROOF, FL 33843

New Mailing Address:

FEI Number: 59-3005375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: CURRAN, JAMES P
Address: 512 N. SCENIC HWY
City-St-Zip: FROSTPROOF, FL

Title: DVS () Delete
Name: CURRAN, JOYCE
Address: 512 N SCENIC HWY
City-St-Zip: FROSTPROOF, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: CURRAN, JAMES P
Address: 512 N. SCENIC HWY
City-St-Zip: FROSTPROOF, FL 33843 US

Title: DVS (X) Change () Addition
Name: CURRAN, JOYCE
Address: 512 N SCENIC HWY
City-St-Zip: FROSTPROOF, FL 33843 US

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: JOYCE M. CURRAN

MS

01/19/2009

Electronic Signature of Signing Officer or Director

Date