

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L80956

FILED  
May 01, 2006  
Secretary of State

Entity Name: SELECT GROWERS, INC.

## Current Principal Place of Business:

4391 STATE ROAD HIGHWAY 11  
DELEON SPRINGS, FL 32130

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 669  
DELAND, FL 327210669 US

## New Mailing Address:

FEI Number: 59-3018979

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVE.  
P.O. BOX 2491  
DAYTONA BEACH, FL 321152491 US

## Name and Address of New Registered Agent:

CLIFTON, GARY L PRES  
PO BOX 669  
DELAND, FL 327210669 US

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: GARY L CLIFTON

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SVP ( ) Delete  
Name: CLIFTON, PATRICIA F  
Address: 2673 FLOWING WELL RD  
City-St-Zip: DELAND, FL 32720

Title: VP ( ) Delete  
Name: CLIFTON, LONNIE R  
Address: 2664 ALHAMBRA AVE  
City-St-Zip: DELAND, FL 32720

Title: P ( ) Delete  
Name: CLIFTON, GARY L  
Address: 2673 FLOWING WELL RD  
City-St-Zip: DELAND, FL 32720

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition  
Name: CLIFTON, PATRICIA F  
Address: 2673 FLOWING WELL RD  
City-St-Zip: DELAND, FL 32720

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY L CLIFTON

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date