

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90043 028 \*\*\*150.00

**DOCUMENT # M66123**

1. Entity Name  
**COUNCIL GROWERS, INC.**



Principal Place of Business

% DAVID P. COUNCIL  
3523 24TH ST, SE  
RUSKIN, FL 33570-6329 US

Mailing Address

3935 24TH ST. S.E.  
RUSKIN, FL 33570 US

00013437



02072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2871127

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COUNCIL, DAVID P.  
3523 24TH STREET, SE  
RUSKIN, FL 33570

**DO NOT WRITE  
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COUNCIL, DAVID P. 3523 24TH ST, SE RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COUNCIL, CAROLE JEAN 3523 24TH ST, SE RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COUNCIL, TRAVIS D <del>3925 24TH STREET SE</del> 3935 24th St SE RUSKIN, FL 33970
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Travis D. Council V.P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/9/06*  
Date

*(813) 633-8665*  
Daytime Phone #