2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005
Secretary of State

DOCUMENT# N00000008068

Entity Name: FLORIDA FRESH POTATO GROWERS, INC.

Current Principal Place of Business:

611 N. WYMORE RD
SUITE 212
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

611 N. WYMORE RD
SUITE 212
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 65-1099054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HEVENER, WILLIAM M
1415 ROOSEVELT DR
ORLANDO, FL 32804 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:	PD	( ) Delete
Name:	CAMPBELL, THOMAS S	
Address:	15111 HWY 17 EAST	
City-St-Zip:	GRAFTON, ND 58237	
Title:	VD	( ) Delete
Name:	MACK, ARNOLD H	
Address:	P O BOX 1077	
City-St-Zip:	LAKE WALES, FL 33859	
Title:	SD	( ) Delete
Name:	HALL, JOSEPH S	
Address:	19620 N C OUNTY RD 349	
City-St-Zip:	O'BRIEN, FL 32701	
Title:	TD	( ) Delete
Name:	JOHNSON, JAMES R	
Address:	309 SCHARWOOD DR	
City-St-Zip:	NAPLES, FL 34110	
Title:	D	( ) Delete
Name:	HEVENER, WILLIAM M	
Address:	1415 ROOSEVELT DR	
City-St-Zip:	ORLANDO, FL 32804	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM M. HEVENER D 05/16/2005
Electronic Signature of Signing Officer or Director — Date