

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000000971

1. Entity Name

I CAN GROW, INC.



Principal Place of Business

2035 PALMVIEW RD.
COTTONDALE FL 32431

Mailing Address

2035 PALMVIEW RD.
COTTONDALE FL 32431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3749335

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUTZEL, CHRISTOPHER J
2035 PALMVIEW RD.
COTTONDALE FL 32431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS HUTZEL, GLENDA M EXEC.
CITY- ST- ZIP 2035 PALMVIEW RD.
COTTONDALE FL 32431

TITLE ☐ Delete
NAME TSD
STREET ADDRESS HUTZEL, CHRISTOPHER J
CITY- ST- ZIP 2035 PALMVIEW RD.
COTTONDALE FL 32431

TITLE ☐ Delete
NAME D
STREET ADDRESS HOUGHLAND, PATTY
CITY- ST- ZIP 7020 N. BLUE ANGEL PKWY
PENSACOLA FL 32526

TITLE ☐ Delete
NAME D
STREET ADDRESS SYLVESTER, RUBY
CITY- ST- ZIP 4324 FOREHAND LANE
MARIANNA FL 32448

TITLE ☐ Delete
NAME D
STREET ADDRESS NELSON, CHERYL E
CITY- ST- ZIP 4374 WILTON STREET
MARIANNA FL 32446

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:

Glenda M. Hutzel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/05
Date

850.352-4879
Daytime Phone #