


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # N48535	
1. Entity Name JACKSON COUNTY GROWERS ASSOCIATION, INC.	

Principal Place of Business 5787 KLONDIKE RD BASCOM FL 32423 US	Mailing Address 5787 KLONDIKE RD BASCOM FL 32423 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE	CR2E037 (10/06)
4. FEI Number 59-3121229	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAKER, FRANK 4431 LAFAYETTE STREET MARIANNA FL 32446	
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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.

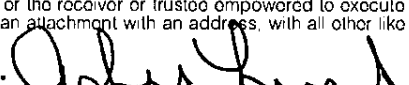
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE:

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete P LARRY, JOHNNY JR 5787 KLONDIKE RD BASCOM FL 32423
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete V TOOLE, ERIC 1846 SHARON RD GRACEVILLE FL 32440
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete ST LARRY, LILLIE B 5787 KLONDIKE RD BASCOM FL 32423
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete MM TOOLE, ERIC 1846 SHARON RD GRACEVILLE FL 32440
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete BOD SMITH, PAUL P.O BOX 745 MALONE FL 32445
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete BOD TOOLE, DORIS 1846 SHARON RD GRACEVILLE FL 32440

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000690861 04/12/07-80007-007 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:  **4/2/07 (850) 569-9853**