


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90261 003 ****61.25

DOCUMENT # N99000004192		
1. Entity Name THE VEGETABLE GROWERS EXCHANGE, INCORPORATED		

20001374



Principal Place of Business 800 TRAFALGAR COURT STE 200 MAITLAND, FL 32751	Mailing Address PO BOX 948153 MAITLAND, FL 32794-815B
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent	
RAULERSON, DANNY 800 TRAFALGAR COURT STE 200 MAITLAND, FL 32751	

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, DONALD	NAME	
STREET ADDRESS	RT. 2 BOX 2775	STREET ADDRESS	
CITY-ST-ZIP	QUITMAN, GA 31643	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBETT, DAVID	NAME	
STREET ADDRESS	PO BOX 932	STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK, GA 31636	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, KENT T	NAME	
STREET ADDRESS	2775 ELLENTON-NORMAN PARK RD.	STREET ADDRESS	
CITY-ST-ZIP	NORMAN PARK, GA 31771	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIM, WILLIAM L.	NAME	
STREET ADDRESS	P.O. BOX 822	STREET ADDRESS	
CITY-ST-ZIP	TIFTON, GA 31794	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, JOE	NAME	
STREET ADDRESS	423 SOUTHERFIELD RD.	STREET ADDRESS	
CITY-ST-ZIP	AMERICUS, GA 31709	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK, GIBBS JR.	NAME	
STREET ADDRESS	165 COLLEGE AVE.	STREET ADDRESS	
CITY-ST-ZIP	OMEGA, GA 31775	CITY-ST-ZIP	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #