

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000002895

1. Entity Name

GROWERS RISK MANAGEMENT, INC.



Principal Place of Business

206 N. 6TH ST.
WAUCHULA, FL 33873

Mailing Address

P O BOX 1733
WAUCHULA, FL 33873



01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0990313

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALBRITTON, JOSEPH R
206 N. 6TH ST.
WAUCHULA, FL 33873

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000057430
02/19/04-80061-011 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | PSD |
| NAME | ALBRITTON, JOSEPH R |
| STREET ADDRESS | P.O. BOX 1733 |
| CITY-STATE-ZIP | WAUCHULA, FL 33873 |
| TITLE | D |
| NAME | SEE, JAMES V JR. |
| STREET ADDRESS | PO BOX 875 |
| CITY-STATE-ZIP | WAUCHULA, FL 33873 |
| TITLE | D |
| NAME | ALBRITTON, BENNY W SR. |
| STREET ADDRESS | P.O. BOX 1784 |
| CITY-STATE-ZIP | WAUCHULA, FL 33873 |
| TITLE | D |
| NAME | ALBRITTON, BEN W JR. |
| STREET ADDRESS | P.O. BOX 1784 |
| CITY-STATE-ZIP | WAUCHULA, FL 33873 |
| TITLE | D |
| NAME | HURST, JAMES JR. |
| STREET ADDRESS | 101 AVE. C, S.W., STE. 502 |
| CITY-STATE-ZIP | WINTER HAVEN, FL 33880 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #