

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000002895

1. Entity Name
GROWERS RISK MANAGEMENT, INC.



Principal Place of Business Mailing Address
206 N. 6TH ST.
WAUCHULA, FL 33873 P O BOX 1733
WAUCHULA, FL 33873

DO NOT WRITE IN THIS SPACE



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0990313 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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

U00000272164
03/21/05-80082-003 150.00

10. OFFICERS AND DIRECTORS

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

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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 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 #