


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000084318</b> 1. Entity Name <b>RUSS GROWERS, INC.</b>	
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Principal Place of Business 3668 CR 202 OXFORD, FL 34484	Mailing Address 3668 CR 202 OXFORD, FL 34484
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01172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3673456</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>RUSS, JENNIFER</b> <b>3668 CR 202</b> <b>OXFORD, FL 34484</b>
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**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  DATE **1-17-04**  
(NOTE: Registered Agent signature required when reinstating)

**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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RUSS, ROBERT</b> <b>3668 CR 202</b> <b>OXFORD, FL 34484</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RUSS, BRAD</b> <b>P O BOX 566</b> <b>OXFORD, FL 34484</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RUSS, DEADRE</b> <b>3668 CR 202</b> <b>OXFORD, FL 34484</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RUSS, JENNIFER</b> <b>P O BOX 566</b> <b>OXFORD, FL 34484</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/22/04-R00003-016 150.00

**DO NOT WRITE  
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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:  DATE **1-17-04** DAYTIME PHONE # **352-748-4907**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR