


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 13, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P00000084318 1. Entity Name RUSS GROWERS, INC. |  |
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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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DO NOT WRITE IN THIS SPACE



05302007 No Chg-P CR2E034 (11/05)

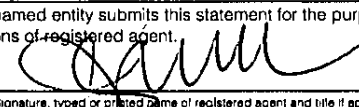
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|---|---------------------------------------|
| 4. FEI Number 59-3673456 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

RUSS, JENNIFER
3668 CR 202
OXFORD, FL 34484

**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 5-30-07

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

| | | |
|--|---|---|
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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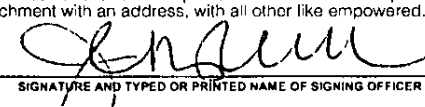
10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RUSS, ROBERT 3668 CR 202 OXFORD, FL 34484 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP RUSS, BRAD P O BOX 566 OXFORD, FL 34484 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RUSS, DEADRE 3668 CR 202 OXFORD, FL 34484 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T RUSS, JENNIFER P O BOX 566 OXFORD, FL 34484 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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06/13/07-80002-005 150.00

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IN THIS SPACE**

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 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:  **5-30-07** **352-748-4907**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #