2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P02000023463

Entity Name: LOXAHATCHEE GROWERS, INC.

Current Principal Place of Business:

823 N. OLIVE AVE.
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

823 N. OLIVE AVE.
WEST PALM BEACH, FL 33401

New Mailing Address:

13000 BRYAN ROAD
LOXAHATCHEE, FL 33470

FEI Number: 01-0617482 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERRIN, MICHAEL J
823 N. OLIVE AVE.
WEST PALM BEACH, FL 33401

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FERRIN, MICHAEL J
Address: 823 N. OLIVE AVE.
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: LACROIX, JOHN P
Address: 1923 STAIMFORD CIR.
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: LACROIX, ANDRE
Address: 13000 BRYAN RD.
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRE LACROIX D 04/28/2004

Electronic Signature of Signing Officer or Director — Date