## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

## Aug 12, 2004 8:00 am Secretary of State DOCUMENT # P02000038074 1. Entity Name 08-12-2004 90003 018 \*\*\*550 00 THREE D'S GROWERS, INC. Principal Place of Business® Mailing Address 7561 PIONEER ROAD 7561 PIONEER ROAD WEST PALM BEACH FL:33413 WEST PALM BEACH FL 33413 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) City & State City & State Applied For 4. FEI Number 01-0664748 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DURRANCE, GAY Street Address (P.O. Box Number is Not Acceptable) 7561 PIONEER ROAD WEST PALM BEACH FL 33413 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required whon reinstating) DATE FILE NOW!!! FEE IS \$550.00 🛼 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition ☐ Change DURRANCE, GAY NAME NAME STREET ADDRESS 7561 PIONEER ROAD STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33413 CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DURRANCE, SCOTT NAME NAME 7561 PIONEER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP WEST PALM BEACH FL 33413 CITY-ST-ZIP Director DURRANCE, CRAIG ... TITLE Addition ☐ Delete NAME NAME 7561 PIONEER DR. West PALM BEACK, FL. 33413 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE Addition ☐ Delete TITI F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TOTALE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

**FILED** 

Daytime Phone #