


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000132961 1. Entity Name GROWERS CHOICE IMPORTS, INC.	
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FILED
Apr 19, 2004 08:00 AM
Secretary of State

Principal Place of Business 91 EARLS LANE APOPKA, FL 32712	Mailing Address PO BOX 1213 APOPKA, FL 32704
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03312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2388199	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STRICKLAND, D. RALPH 91 EARLS LANE APOPKA, FL 32712

**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 _____ (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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRICKLAND, D. RALPH 91 EARLS LANE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRICKLAND, SYLVIA I 91 EARLS LANE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRICKLAND, MICHAEL 91 EARLS LANE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENTLEY, LISA 91 EARLS LANE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000119936
04/19/04-80115-025 150.00

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.

SIGNATURE: Lisa Bentley - Lisa Bentley - Treasurer 4/15/04 407-889-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**