

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000132961

1. Entity Name
GROWERS CHOICE IMPORTS, INC.



Principal Place of Business

91 EARLS LANE
APOPKA, FL 32712

Mailing Address

PO BOX 1213
APOPKA, FL 32704

FILED
Apr 19, 2004 08:00 AM
Secretary of State



03312004 No Chg-P CR2E034 (10/03)

4. FEI Number
52-2388199

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PD
NAME	STRICKLAND, D. RALPH
STREET ADDRESS	91 EARLS LANE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	VD
NAME	STRICKLAND, SYLVIA I
STREET ADDRESS	91 EARLS LANE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	SD
NAME	STRICKLAND, MICHAEL
STREET ADDRESS	91 EARLS LANE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	TD
NAME	BENTLEY, LISA
STREET ADDRESS	91 EARLS LANE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000119936
04/19/04-80115-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04

Date

407-889-0700

Daytime Phone #