

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # **PO3000005768**

1. Entity Name

Austin Growers Inc



FILED

11 JUN 30 AM 5:22

SEAL OF THE STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

205 Austin Lane

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 863

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Bowling Green FL

City & State

Bowling Green FL

4. FEI Number

43-1997038

Applied For

Not Applicable

Zip

33834

Country

USA

Zip

33834

Country

FL USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Erica Schepsmeier

Street Address (P.O. Box Number is Not Acceptable)

270 Torrey Rd

City

Bowling Green

FL

Zip Code

33834

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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]

5/6/11

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

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

E-mail Address:

E-mail address to be used for future annual report notices.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
Anthony Schepsmeier
P.O. Box 863
Bowling Green, FL 33834**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
Erica Schepsmeier
P.O. Box 863
Bowling Green, FL 33834**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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**500207325795
05/06/11--01045--001 **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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/11

DATE

863-375-4450

Daytime Phone #

7/1/11