

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000158136

1. Entity Name
GOSE GROWERS, INC.



Principal Place of Business

**733 N LRL RANCH RD
AVON PARK, FL 33825 US**

Mailing Address

**PO BOX 1419
SEBRING, FL 33871 US**



03132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0526276

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HANCOCK, J. NED
1815 NE LAKEVIEW DR
SEBRING, FL 33870**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
HANCOCK, J. NED
1815 NE LAKEVIEW DRIVE
SEBRING, FL 33870**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T/D
HANCOCK, TAMMY J
1815 NE LAKEVIEW DRIVE
SEBRING, FL 33870**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP/D
GOSE, MATT
733 N LRL RANCH RD
AVON PARK, FL 33825**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/D
GOSE, JOHN
200 LAKE NELLIE DRIVE
LAKE PLACID, FL 33852**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CLEMONS, PETE
733 N LRL RANCH RD
AVON PARK, FL 33825**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CLEMONS, SUZANNE
733 N LRL RANCH RD
AVON PARK, FL 33825**

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05/08/07-80068-014 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Matthew M Gose*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.19.07

Date

8633812965

Daytime Phone #