

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000158136

Entity Name: GOSE GROWERS, INC.

FILED
Jan 08, 2008
Secretary of State

Current Principal Place of Business:

733 N LRL RANCH RD
AVON PARK, FL 33825 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1419
SEBRING, FL 33871 US

New Mailing Address:

FEI Number: 20-0526276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: HANCOCK, J. NED
Address: 1815 NE LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870

Title: T/D () Delete
Name: HANCOCK, TAMMY J
Address: 1815 NE LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870

Title: VP/D () Delete
Name: GOSE, MATT
Address: 733 N LRL RANCH RD
City-St-Zip: AVON PARK, FL 33825

Title: S/D () Delete
Name: GOSE, JOHN
Address: 200 LAKE NELLIE DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: CLEMONS, PETE
Address: 733 N LRL RANCH RD
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: CLEMONS, SUZANNE
Address: 733 N LRL RANCH RD
City-St-Zip: AVON PARK, FL 33825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. NED HANCOCK

PRES

01/08/2008

Electronic Signature of Signing Officer or Director

Date