## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000158136

Entity Name: GOSE GROWERS, INC.

FILED Jan 10, 2012 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

733 N LRL RANCH RD AVON PARK, FL 33825 US

**Current Mailing Address: New Mailing Address:** 

PO BOX 1419

SEBRING, FL 33871 US

FEI Number: 20-0526276 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HANCOCK, J. NED 2631 LAKEVIEW DR SEBRING, FL 33870 US

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

## **OFFICERS AND DIRECTORS:**

Title:

HANCOCK, J. NED Name: 2631 LAKEVIEW DRIVE Address: City-St-Zip: SEBRING, FL 33870

Title: T/D

HANCOCK, TAMMY J Name: 2631 LAKEVIEW DRIVE Address: SEBRING, FL 33870 City-St-Zip:

VP/D Title: GOSE, MATT Name: 733 N LRL RANCH RD Address:

City-St-Zip: AVON PARK, FL 33825

Title: S/D

GOSE, JOHN Name:

Address: 200 LAKE NELLIE DRIVE City-St-Zip: LAKE PLACID, FL 33852

Title:

Name: CLEMONS, PETE Address: 4853 NW 30TH STREET City-St-Zip: OKEECHOBEE, FL 34972

Title:

Name: CLEMONS, SUSANNE Address: 4853 NW 30TH STREET City-St-Zip: OKEECHOBEE, FL 34972

I hereby 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 all other like empowered.

SIGNATURE: NED HANCOCK **PRES** 01/10/2012