

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

|                                              |                                                                                   |
|----------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P04000167427</b>               |  |
| 1. Entity Name<br><b>GABRIEL GROWERS INC</b> |                                                                                   |

|                                                                                          |                                                                              |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Principal Place of Business<br><b>10621 OLD LAKELAND HIGHWAY<br/>DADE CITY, FL 33525</b> | Mailing Address<br><b>10621 OLD LAKELAND HIGHWAY<br/>DADE CITY, FL 33525</b> |
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04162006 No Chg-P CR2E034 (11/05)

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|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>20-2094695</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>GABRIEL, VALERIE<br/>5538 CARMONA PLACE<br/>SARASOTA, FL 34238</b> |
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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                  | DATE _____ |

|                                                                               |                                                                                     |                                       |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                  |
|------------------------------------------------|----------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>GABRIEL, VALERIE<br/>10851 OLD LAKELAND HWY<br/>DADE CITY, FL 33525</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>BROOK, STEVE M<br/>10851 OLD LAKELAND HWY<br/>DADE CITY, FL 33525</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  |

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| 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. |  |
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| <b>SIGNATURE:</b> <u>Valerie E. Gabriel</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <u>4-17-06</u> <u>(352)567-3797</u><br><small>Date Daytime Phone #</small> |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

*Valerie E. Gabriel*