

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90037 035 ***150.00

DOCUMENT # P04000167427

1. Entity Name

GABRIEL GROWERS INC



Principal Place of Business

10621 OLD LAKELAND HIGHWAY
DADE CITY FL 33525

Mailing Address

10621 OLD LAKELAND HIGHWAY
DADE CITY FL 33525

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-2094695

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GABRIEL, VALERIE
5538 CARMONA PLACE
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Valerie E. Gabriel

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

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

3-6-07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GABRIEL, VALERIE	
STREET ADDRESS	10651 OLD LAKELAND HWY	
CITY ST ZIP	DADE CITY FL 33525	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BROOK, STEVE M	
STREET ADDRESS	10651 OLD LAKELAND HWY	
CITY ST ZIP	DADE CITY FL 33525	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
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STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Valerie E. Gabriel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-07 (352) 567-3797

Date

Daytime Phone #