## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

## Apr 01, 2005 8:00 am Secretary of State **DOCUMENT # P96000027726** 04-01-2005 90017 021 \*\*\*150.00 1. Entity Name GRASSY WATERS GROWERS, INC. Principal Place of Business Mailing Address 4730 HYPOLUXO ROAD 4730 HYPOLUXO ROAD LAKE WORTH, FL 33463 LAKE WORTH, FL 33463 2. Principal Place of Business 2155 SW LOCK 3. Mailing Address Suite, Apt. #, etc 03212005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For Not Applicable 65-0654674 \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent LOIS BROOKS ---**BROOKS, LOIS** Street Address (P.O. Box Number is Not Acceptable) 4730 HYPOLUXO RD. LAKE WORTH, FL 33463 Zip 34997 STUART 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, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAGRILL, BENGAMIN NAME NAME 683 S.W. SALERNO RD. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP STUART, FL CITY-ST-ZIP Change ☐ Delete TITLE TETLE ☐ Addition 2155 SW LOCKS RD. STURIT, Fl. 34997 BROOKS, EUGENE A. NAME NAME 4730 HYPOLUXO RD! STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL CITY-ST-ZIP ☐ Delete Change Addition WEBSTER, PATTIANN NAME NAME STREET ADDRESS 683 S.W. SALERNO R.D STREET ADDRESS STUART, FL-CITY-ST-ZIP. CITY-ST-7/P > ☐ Delete TITLE SD TITLE - Change ☐ Addition: NAME **BROOKS, LOIS** NAME 4730 HYPOLUXO RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL CITY-ST-ZIP ☐ Detete Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT) F ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 it 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.

FILED