

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P96000082850

1. Entity Name

GULFCOAST GROWERS, INC.



**FILED
Apr 30, 2007 8:00 am
Secretary of State**

04-30-2007 90384 004 ***150.00



Principal Place of Business P O BOX 60876 FORT MYERS FL 33906 US		Mailing Address P.O. BOX 60876 FORT MYERS FL 33906	
2. Principal Place of Business - No P.O. Box # 13300-56 S. CLEVELAND AVE. Suite, Apt. #, etc. #204		3. Mailing Address Suite, Apt. #, etc. #204	
City & State FORT MYERS FL Zip 33907		City & State FORT MYERS FL Zip 33907	
Country USA		Country USA	

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0709917 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORRISON, SHARRY 2060 CA 'DORO DR 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	
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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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating.)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
<p>TITLE NAME STREET ADDRESS CITY ST ZIP</p> <p>PSTD EDWARDS, KRISTI M 903 CYPRESS LAKE CIR FORT MYERS FL 33919</p>		<p>TITLE NAME STREET ADDRESS CITY ST ZIP</p> <p>PSTD KRISTI M. EDWARDS 13300-56 S. CLEVELAND AVE. #204 FORT MYERS, FL 33907</p>	
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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: *Kristi M. Edwards* KRISTI M. EDWARDS 4/9/07 (239) 432-1543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #