

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2006 08:00 AM
Secretary of State**

DOCUMENT # P99000013167

1. Entity Name

NORTH LAKE GROWERS, INC.



Principal Place of Business

**15550 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972**

Mailing Address

**15550 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972**



01222006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0894728

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HIRSCH, ROBERT H
3050 NE 40 STREET
FORT LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

B. 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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME HIRSCH, ROBERT H
STREET ADDRESS 3050 NE 40 STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33308**

**TITLE STD
NAME AUCAMP, JAMES G JR.
STREET ADDRESS 5300 SW 64TH AVE
CITY-ST-ZIP DAVIE, FL 33314**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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NAME
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CITY-ST-ZIP**

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02/03/06-80072-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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, or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/25/06 954-214-6664