

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000016881

Entity Name: SEMINOLE GROWERS, INC.

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

27232 S. FEDERAL HWY.
NARANJA, FL 33032

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2162
NARAMJA, FL 33032

New Mailing Address:

P.O. BOX 2162
NARANJA, FL 33032

FEI Number: 65-0920566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPE, ORRIN H
27232 S. FEDERAL HWY.
NARANJA, FL 33032 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COPE, ORRIN H
Address: 27750 SW 157 AVE
City-St-Zip: HOMESTEAD, FL 33031

Title: ST () Delete
Name: COPE, L DIANE
Address: 27750 SW 157 AVE
City-St-Zip: HOMESTEAD, FL 33031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY POWELL

OM

01/08/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date