

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000016881

Entity Name: SEMINOLE GROWERS, INC.

FILED  
Jan 11, 2008  
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  
NARANJA, FL 33032

**New Mailing Address:**

P.O. BOX 700189  
GOULDS, FL 33170

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 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: L DIANE COPE

ST

01/11/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date