

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90200 023 \*\*\*150.00

**DOCUMENT # P99000032238**

1. Entity Name  
FOUR D GROWERS, INC.



Principal Place of Business  
6126 STATE RD.66  
ZOLFO SPRINGS, FL 33890

Mailing Address  
6126 STATE RD.66  
ZOLFO SPRINGS, FL 33890



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1022523

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DAMBOISE, MICHAEL  
6126 STATE ROAD 66  
ZOLFO SPRINGS, FL 33890

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 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 DAMBOISE, MICHAEL K  
STREET ADDRESS 6126 STATE RD.66  
CITY - ST - ZIP ZOLFO SPRINGS, FL 33890

TITLE STD  
NAME DAMBOISE, ELIZABETH A  
STREET ADDRESS 6126 STATE RD.66  
CITY - ST - ZIP ZOLFO SPRINGS, FL 33890

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

12. 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 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:**

*Michael K. Dambose*  
Michael K. Dambose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-04

Date

863-735-1587

Daytime Phone #