

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S59041

Entity Name: AG GROWERS, INC.

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

9194 SW 170TH AVENUE RD
OKLAWAHA, FL 32179

New Principal Place of Business:

Current Mailing Address:

9194 SE 170TH AV RD
OKLAWAHA, FL 32179

New Mailing Address:

FEI Number: 59-3076838 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKINS, SHIRLEY
9194 SE 170TH AVE
OKLAWAHA, FL 32179 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: DAVID R. WILKINS,
Address: ROUTE 1 BOX 2169 N/A
City-St-Zip: OKLAWAHA, FL

Title: S () Delete
Name: SHIRLEY WILKINS,
Address: ROUTE 1 BOX 2169 N/A
City-St-Zip: OKLAWAHA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: SHIRLEY WILKINS,
Address: 9194SE.170TH. AV RD
City-St-Zip: OKLAWAHA, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHIRLEY WILKINS

S

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date