

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90467 014 ***150.00

DOCUMENT # V13556

1. Entity Name
TIDEWATER GROWERS, INC.



Principal Place of Business
**32229 SE 24TH ST
RUSKIN, FL 33570**

Mailing Address
**32229 SE 24TH ST
RUSKIN, FL 33570 US**

60045103



2. Principal Place of Business - No P.O. Box #

3229 SE 24th Street

Suite, Apt. #, etc.

3. Mailing Address

3229 SE 24th Street

Suite, Apt. #, etc.

04242007

Chg-P

CR2E034 (12/06)

City & State

Ruskin, Fl

City & State

Ruskin, Fl

4. FEI Number

59-3126482

Applied For

Not Applicable

Zip

335700

Country

USA

Zip

33570

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**DURRANCE, WILLIAM A
3229 SE 24TH ST
RUSKIN, FL 33570**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSVT ☐ Delete
NAME DURRANCE, WILLIAM A
STREET ADDRESS 3229 SE 24TH ST
CITY-ST-ZIP RUSKIN, FL 33570

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPVPST ☐ Change ☒ Addition
NAME DURRANCE, WILLIAM A
STREET ADDRESS 3229 SE 24th Street
CITY-ST-ZIP Ruskin, Fl 33570

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Durrance

4/26/07

Date

813-649-9699

Daytime Phone #