

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90034 030 ***150.00

DOCUMENT # V13556 1. Entity Name TIDEWATER GROWERS, INC.					
Principal Place of Business 3229 SE 24TH STREET RUSKIN, FL 33-5700			Mailing Address 3229 SE 24TH STREET RUSKIN, FL 33-5700 US		
2. Principal Place of Business - No P.O. Box # 1920 Lightfoot Road Suite, Apt. #, etc.		3. Mailing Address 1920 Lightfoot Road Suite, Apt. #, etc.			
City & State Wimauma, FL		City & State Wimauma, FL		4. FEI Number 59-3126482	
Zip 33598		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$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 William A. Durrance Street Address (P.O. Box Number is Not Acceptable) 1920 Lightfoot Road City Wimauma FL Zip Code 33598		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVP DURRANCE, WILLIAM A <input type="checkbox"/> Delete 3229 SE 24TH ST RUSKIN, FL 33570		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition William A. Durrance 1920 Lightfoot Road Wimauma, FL 33598	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>William A. Durrance</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/26/08</u> Daytime Phone # _____		