

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # V33135**

1. Entity Name  
PEANUT GROWERS GROUP, INC.



Principal Place of Business  
4450 LAFAYETTE STREET  
MARIANNA, FL 32446

Mailing Address  
4291 HWY 273  
GRACEVILLE, FL 32440



01192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3163734**

Applied For  
Not Applicable

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

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

BONDURANT, FRANK E  
4450 LAFAYETTE STREET  
MARIANNA, FL 32446

**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 W

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DAVIS, DENNIS R
STREET ADDRESS	3453 WOODREST ROAD
CITY-ST-ZIP	COTTONDALE, FL
TITLE	D
NAME	WILLIAMS, WILLIAM F III
STREET ADDRESS	4319 CLIFF RD
CITY-ST-ZIP	GRACEVILLE, FL
TITLE	D
NAME	ADKISON, KENNETH M
STREET ADDRESS	213 NEW PORSPECT RD
CITY-ST-ZIP	CHIPLEY, FL
TITLE	D
NAME	DAVIS, B E JR
STREET ADDRESS	3806 OLD HICKORY POND RD
CITY-ST-ZIP	COTTONDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000399835  
02/01/06-80028-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: William F. Williams III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/2006 850-526-2257  
Date Daytime Phone #