


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 275299 1. Entity Name ADAMS CITRUS NURSERY, INC.	
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Principal Place of Business STATE ROAD 544 EAST HAINES CITY, FL 33844	Mailing Address P.O. BOX 1505 HAINES CITY, FL 33845 US
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01212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1026500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, WILLIAM G.  
ST. RD. 544 EAST  
HAINES CITY, FL 33844

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, WILLIAM G ST. RD. 544 EAST HAINES CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IMBER, WANDA L. ST. RD. 544 EAST HAINES CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ADAMS, GUSTA LEE ST. RD. 544 EAST HAINES CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, ALAN ST. RD. 544 E. HAINES CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIVINGSTON, LIVIA ST. RD. 544 E. HAINES CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, BRENDA ST RD 544 E HAINES CITY, FL

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01/28/05-80040-019 150.00

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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: *Wanda Imber* *Wanda Imber* *Wanda Imber* 1-25-05 863434-152  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #