


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # 790817**  
 1. Entity Name  
**FLORIDA CITRUS PACKERS**



Principal Place of Business  
**302 S. MASSACHUSETTS AVENUE  
 P.O. BOX 1113  
 LAKELAND, FL 33802**

Mailing Address  
**302 S. MASSACHUSETTS AVENUE  
 P.O. BOX 1113  
 LAKELAND, FL 33802**

**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-NP CR2E037 (4/06)

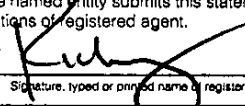
4. FEI Number <b>59-0907251</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KINNEY, RICHARD  
 302 S MASS AVE  
 SUITE 203  
 LAKELAND, FL 33801**

**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.

X SIGNATURE  **Richard J. Kinney** DATE **1/12/07**

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

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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

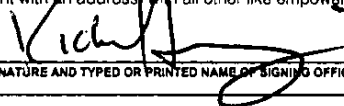
10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	CROCKER, LES
STREET ADDRESS	3975 20TH ST, STE K
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	VPD
NAME	SALLIN, MICHAL
STREET ADDRESS	7836 CHERRY LAKE RD
CITY-ST-ZIP	GROVELAND, FL 34736
TITLE	STD
NAME	MAULDEN, T. WAYNE SR
STREET ADDRESS	P.O. BOX 1005
CITY-ST-ZIP	LAKE PLACID, FL 33862
TITLE	PD
NAME	STREETMAN, GEORGE H
STREET ADDRESS	PO BOX 880
CITY-ST-ZIP	VERO BEACH, FL 32961
TITLE	MD
NAME	KINNEY, RICHARD J
STREET ADDRESS	P.O. BOX 1113
CITY-ST-ZIP	LAKELAND, FL 338021113
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000590807  
 01/18/07-80070-020 61.25

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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 617, 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.

X SIGNATURE:  **Richard J. Kinney** DATE **1/12/07** DAYTIME PHONE # **863 682-0151**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR