


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F77014 1. Entity Name CIRCLE H CITRUS, INC.	
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Principal Place of Business 3500 SHINN RD FT PIERCE, FL 34945 US	Mailing Address PO BOX 14049 FT PIERCE, FL 34979
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DO NOT WRITE IN THIS SPACE



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2226225	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PANTUSO, GEORGE T
3415 S INDIAN RIVER DR
FT PIERCE, FL 34982

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PANTUSO, GEORGE T. 3415 S. INDIAN RIVER DR FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M DAUGHTREY, MARVIN R. 10637 PINECONE LN FT. PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PANTUSO, SUSAN D 3415 S. INDIAN RIVER DR. FT. PIERCE, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/19/04-80033-018 150.00

**DO NOT WRITE
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)(f), 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:  2-4-04 772 461-8868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone