2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000004692

1. Entity Name
LOUIS DREYFUS CITRUS INC.

Principal Place of Business	Mailing Address
ATTN: RANDAL FREEMAN P.O. BOX 770399 WINTER GARDEN, FL 34777-0399	C/O CORP. TAX DEPT. 20 WESTPORT ROAD WILTON, CT 06897 US

DO NOT WRITE IN THIS SPACE

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
22-3219406

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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	DSVP
NAME	FREEMAN, RANDAL G
STREET ADDRESS	20 WESTPORT RD. - PO BOX 810
CITY-ST-ZIP	WILTON, CT 06897
TITLE	V
NAME	HAHN, PETER R
STREET ADDRESS	355 S 9TH ST
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	V
NAME	WOLKIN, HAL
STREET ADDRESS	20 WESTPORT RD. - PO BOX 810
CITY-ST-ZIP	WILTON, CT 06897
TITLE	DVT
NAME	DERAM, PIERRE B
STREET ADDRESS	1355-14 ANDAR AV. BRIG. FARIA LIMA
CITY-ST-ZIP	SAO PAULO, BRAZIL, 01452
TITLE	DSVP
NAME	TOMLIN, L R
STREET ADDRESS	355 SOUTH 9TH ST
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	S
NAME	LISTNER, ELIZABETH J
STREET ADDRESS	20 WESTPORT ROAD
CITY-ST-ZIP	WILTON, CT 068970810

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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: H Wolkin Hal Wolkin 4/11/05 (203) 761-8242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #