Jul 21, 2004 8:00 am Secretary of State **2004 FOR PROFIT CORPORATION ANNUAL REPORT** 07-21-2004 90026 034 ***150.00 DOCUMENT # P00000102949 DAFFODIL INVESTMENTS OF CITRUS, INC. Principal Place of Business Mailing Address 3467 WEST DAFFODIL DRIVE 3467 WEST DAFFODIL DRIVE 44049167 BEVERLY HILLS, FL 34465 BEVERLY HILLS, FL 34465 No Chg-P 07142004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-370サス2ろ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WAITE, JEROME F DO NOT WRITE 3467 WEST DAFFODIL DRIVE BEVERLY HILLS, FL 34465 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. ogni ogskolet i transka i Potosok Barty ogskoletik SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) with 61 La DATE CPT CV FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Due by September 8, 2004 Trust Fund Contribution. 4 Added to Fees in: OFFICERS AND DIRECTORS 10. TITLE WAITE, JEROME F NAME 1. 3467 WEST DAFFODIL DRIVE STREET ADDRESS CITY-ST-ZIP BEVERLY HILLS, FL 34465 NAME

DO NOT WRITE IN THIS SPACE

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Applied For Not Applicable

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CITY - ST-ZIP	, water the air mean and a first of	32-3059 (Fig. 1) (Fig. 1)	The state of the state of the state of the property of the state of th
12. Thereby certify that the information supplied with this filing toos 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 eath; that I am an efficer or director			
of the corporation or the received 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 attact/ment with an address, with all other like empowered.			

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITI F NAME. == STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-71P TITLE NAME STREET ADDRESS CITY-ST-ZIP

CER OR DIRECTOR