2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State
01-27-2005 90046 021 ***150.00

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1. Entity Name
DIVERSIFIED CITRUS MARKETING, INC.

Principal Place of Business	Mailing Address
300 STATE ROAD 17 SOUTH LAKE HAMILTON, FL 33851	PO BOX 658 LAKE HAMILTON, FL 33851

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01192005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3724134 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHAAL, MARY 112 WALDEMAR CT SE WINTER HAVEN, FL 33884	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Mary Schaal Mary Schaal Assist. Sec/Treas 1-21-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROADAWAY, DENNIS P 2050 WEST LAKE HAMILTON DR. WINTER HAVEN, FL 33881	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	James Bauknight Delete ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST WATSON, CHARLES 9400 W LAKE RUBY WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Irving Wheeler Delete ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALLAHAM, STEVEN B 2823 SEQUOYAH DR. HAINES CITY, FL 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC RALEY, WILLIAM L JR. 1325 N. LAKE OTIS DR. WINTER HAVEN, FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman Director William L. Raley Jr ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AST SHCARL, MARY 112 WALDEMAR CT. SE WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mary Schaal ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC TURNER, ROBERT C 899 W. LAKE OTIS DR. WINTER HAVEN, FL 33880	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Mary Schaal Mary Schaal Assist Sec/Trea 1-21-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #