
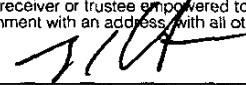


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90030 008 ***150.00

| | | | | | |
|--|--|--------------------------|--|---|--|
| DOCUMENT # P95000079080 1. Entity Name CLEWISTON CITRUS, INC. | | | |  | |
| Principal Place of Business ROUTE 2 BOX 1210 CLEWISTON, FL 33440-9618 | | | Mailing Address C/O THE BANK OF NEW YORK ONE WALL ST-16TH FLOOR NEW YORK, NY 10286 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address c/o The Bank of New York | | |
| City & State | | | City & State New York, N.Y. | | |
| Zip 10286 | | Country U.S.A. | | 4. FEI Number 13-3859037 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent SMITH, RICHARD C C/O SHOOK, HARDY & BACON 2400 MIAMI CENTER-201 S BISCAYNE BLVD MIAMI, FL 33131-2312 | | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 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 | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE PD | NAME DIETZ, HAROLD F | | TITLE V | NAME Edgar Ortiz | |
| STREET ADDRESS ONE WALL ST | CITY-ST-ZIP NEW YORK, NY 10286 | | STREET ADDRESS 100 church Street, 9th Floor | CITY-ST-ZIP New York, N.Y. 10286 | |
| TITLE S | NAME BICKET, PATRICIA A | | TITLE V/D | NAME Zip Code: 10286 | |
| STREET ADDRESS ONE WALL ST | CITY-ST-ZIP NEWYORK, NY 10286 | | STREET ADDRESS P/D | CITY-ST-ZIP Zip Code: 10286 | |
| TITLE VP | NAME DESALVIO, EDWARD J | | TITLE V | NAME 100 church Street, 9th Floor | |
| STREET ADDRESS ONE WALL ST | CITY-ST-ZIP NEW YORK, NY | | STREET ADDRESS New York, N.Y. 10286 | CITY-ST-ZIP Zip Code: 10286 | |
| TITLE SVP | NAME MALANGA, GEORGE | | TITLE V | NAME 100 church Street, 9th Floor | |
| STREET ADDRESS ONE WALL ST | CITY-ST-ZIP NEW YORK, NY 10286 | | STREET ADDRESS New York, N.Y. 10286 | CITY-ST-ZIP Zip Code: 10286 | |
| TITLE VP | NAME ZANGRE, ANTHONY | | TITLE V | NAME 100 church Street, 9th Floor | |
| STREET ADDRESS ONE WALL ST | CITY-ST-ZIP NEW YORK, NY | | STREET ADDRESS New York, N.Y. 10286 | CITY-ST-ZIP Zip Code: 10286 | |
| TITLE V | NAME TAYLOR, ALBERT R | | TITLE V | NAME 100 church Street, 9th Floor | |
| STREET ADDRESS ONE WALL STREET | CITY-ST-ZIP NEWYORK, NY | | STREET ADDRESS New York, N.Y. 10286 | CITY-ST-ZIP Zip Code: 10286 | |
| 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:  | | | 1/29/04 (212) 437-5558 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |