2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 232797

Entity Name: ALICO, INC.

FILED Apr 20, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

640 SOUTH MAIN STREET P.O. BOX 338 LA BELLE, FL 33935

Current Mailing Address: New Mailing Address:

P.O. BOX 338 LA BELLE, FL 33975

FEI Number: 59-0906081 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LESTER, W. BERNARD

640 SOUTH MAIN STREET

LA BELLE, FL 33935 US

MURPHY, PATRICK W.
640 SOUTH MAIN STREET

LA BELLE, FL 33935 US

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.

SIGNATURE: PATRICK W MURPHY 04/20/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: OAKLEY, THOMAS E Name: CASWELL, LEE

Address: 101 ABC ROAD Address: 3495 PIEDMONT ROAD SUITE 900

City-St-Zip: LAKE WALES, FL 33859 City-St-Zip: ATLANTA, GA 30305

Title: DCEO () Delete Title: () Change () Addition

 Name:
 ALEXANDER, JOHN R
 Name:

 Address:
 122 E. TILLMAN AVE.
 Address:

 City-St-Zip:
 LAKE WALES, FL 33853
 City-St-Zip:

 Name:
 GRISBY, WADE B
 Name:
 MURPHY, PATRICK W

 Address:
 640 S MAIN ST
 640 S MAIN ST

 City-St-Zip:
 LA BELLE, FL 33935
 City-St-Zip:
 LA BELLE, FL 33935

Title: PDCO () Delete Title: D (X) Change () Addition Name: LESTER, W. BERNARD, Name: DINGLE, PHILLIP S

Address: 640 SOUTH MAIN STREET Address: 4516 W WATROUS AVENUE

City-St-Zip: LABELLE, FL 33935 City-St-Zip: TAMPA, FL 33629

Name: ALEXANDER, J.D. Name: MUTZ, GREGORY T

Address: 1351 HIGHLAND PARK DRIVE Address: 125 S. WACKER DRIVE, SUITE 3100

City-St-Zip: LAKE WALES, FL 33853 City-St-Zip: CHICAGO, IL 60606

Title: VTCF () Delete Title: D (X) Change () Addition

Name: SIMMONS, L. CRAIG Name: TROUTMAN, BAXTER G Address: 640 SOUTH MAIN STREET Address: P.O. BOX 1043

City-St-Zip: LABELLE, FL 33935 City-St-Zip: WINTER HAVEN, FL 33882

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK W MURPHY CFO 04/20/2005