

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 275299

1. Entity Name
ADAMS CITRUS NURSERY, INC.



Principal Place of Business
**STATE ROAD 544 EAST
HAINES CITY, FL 33844**

Mailing Address
**P.O. BOX 1505
HAINES CITY, FL 33845 US**

DO NOT WRITE IN THIS SPACE



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1026500

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ADAMS, WILLIAM G.
ST. RD. 544 EAST
HAINES CITY, FL 33844**

**DO NOT WRITE
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.

SIGNATURE _____

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ADAMS, WILLIAM G
STREET ADDRESS	ST. RD. 544 EAST
CITY-ST-ZIP	HAINES CITY, FL
TITLE	VD
NAME	IMBER, WANDA L.
STREET ADDRESS	ST. RD. 544 EAST
CITY-ST-ZIP	HAINES CITY, FL
TITLE	STD
NAME	ADAMS, GUSTA LEE
STREET ADDRESS	ST. RD. 544 EAST
CITY-ST-ZIP	HAINES CITY, FL
TITLE	D
NAME	ADAMS, ALAN
STREET ADDRESS	ST. RD. 544 E.
CITY-ST-ZIP	HAINES CITY, FL
TITLE	D
NAME	LIVINGSTON, LIVIA
STREET ADDRESS	ST. RD. 544 E.
CITY-ST-ZIP	HAINES CITY, FL
TITLE	D
NAME	JOHNSON, BRENDA
STREET ADDRESS	ST RD 544 E
CITY-ST-ZIP	HAINES CITY, FL

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William G. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-04 863 439-1501A