2005 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Mar 30, 2005 08:00 AM **DOCUMENT # 281410 Secretary of State** 1. Entity Name HART CITRUS NURSERIES, INC. Principal Place of Business Malting Address 18725 CR33 18725 CR33 GROVELAND, FL 34736 GROVELAND, FL 34736 CR2E034 (10/03) 01212005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1050073 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HART JR, ROY L DO NOT WRITE 18725 CR 33 GROVELAND, FL. 34738 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. (NOTE: Registered Agent sonsture required when reinstating) 9. Election Campaign Financing \$5.00 May 84 ['] FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HART, ROY L JR NAME 18725 CR 33 STREET ADDRESS GROVELAND, FL CITY-ST-ZIP TITLE U00000280192 03/30/05-80009-024 150.00 HART, KENNETH ROY NAME STREET ADDRESS 708 N RIDE TALLAHASSEE, FL CITY-ST-71P TITLE NAME HART, WILLIE KATE STREET ADDRESS 18725 CR 33 DO NOT WRITE CITY-ST ZIP GROVELAND, FL IN THIS SPACE THLE NAME STREET ADDRESS CITY -ST- ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE

12. I hereby certify that the information supplied with this filing does not quality 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 cath; 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.

NAME STREET ADORESS CITY-ST-ZIP