




**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 350210 1. Entity Name FLORIDA CITRUS CANNERS CORPORATION			
Principal Place of Business 225 EAST PARK AVENUE PO BOX 1260 LAKE WALES, FL 33859-1269 US		Mailing Address 225 EAST PARK AVENUE PO BOX 1260 LAKE WALES, FL 33859-1260 US	
DO NOT WRITE IN THIS SPACE			
		01052005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0048436	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUNT, D. ANDREW 225 EAST PARK AVE. LAKE WALES, FL 33853		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		DO NOT WRITE IN THIS SPACE U000000177794 01/11/05-80063-015 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUNT, D. ANDREW 225 E. PARK AVE LAKE WALES, FL 33853		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY, CLAY A 225 E PARK AVE LAKE WALES, FL 33853		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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: 		1/6/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #