

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 12, 2004 08:00 AM  
Secretary of State

DOCUMENT # 352918

1. Entity Name  
CITRUS FROM INDIAN RIVER INC



Principal Place of Business

6125 A ATLANTIC BLVD  
VERO BCH, FL 32966-1064

Mailing Address

P.O. BOX 1266  
VERO BCH, FL 32961 US

DO NOT WRITE IN THIS SPACE



04022004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-1272925

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BANACK, SIDNEY M  
6125 ATLANTIC BLVD  
VERO BCH, FL 32960

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

U000000110811  
04/12/04-80098-016 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BANACK, SIDNEY M., JR.  
STREET ADDRESS 6125 ATLANTIC BLVD.  
CITY-ST-ZIP VERO BEACH, FL

TITLE SD  
NAME BANACK, DONNA SUE  
STREET ADDRESS 6125 ATLANTIC BLVD.  
CITY-ST-ZIP VERO BEACH, FL

TITLE VD  
NAME BANACK, WILTON  
STREET ADDRESS 6125 ATLANTIC BLVD.  
CITY-ST-ZIP VERO BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-04

772-5623369