

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90062 003 ***150.00

DOCUMENT # 360489 1. Entity Name FRED N. DUNN CITRUS NURSERY, INC.					
Principal Place of Business HIGHWAY 441 PLYMOUTH, FL 32768			Mailing Address PO BOX 35 PLYMOUTH, FL 32768 US		
2. Principal Place of Business 3620 Tayside Court		3. Mailing Address 3620 Tayside Court			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Apopka, Florida		City & State Apopka, Florida		4. FEI Number 59-1292897	
Zip 32712		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNN, FRED N HIGHWAY 441 PLYMOUTH, FL 32768			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3620 Tayside Court City Apopka FL Zip Code 32712		
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME DUNN, FRED N		TITLE NAME	NAME 3916 Gourock Court	
STREET ADDRESS HWY 441, BOX 35	CITY-ST-ZIP PLYMOUTH, FL 32768		STREET ADDRESS Apopka, Florida	CITY-ST-ZIP 32712-5688	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VD	NAME DUNN, BERNICE B		TITLE NAME	NAME 3916 Gourock Court	
STREET ADDRESS HWY 441, BOX 35	CITY-ST-ZIP PLYMOUTH, FL 32768		STREET ADDRESS Apopka, Florida	CITY-ST-ZIP 32712-5688	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S	NAME DUNN, ROBERT K.		TITLE NAME	NAME 3620 Tayside Court	
STREET ADDRESS 1664 W.O.B.T.	CITY-ST-ZIP APOPKA, FL 32712		STREET ADDRESS Apopka, Florida	CITY-ST-ZIP 32712	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T	NAME DUNN, FRED NATHAN		TITLE NAME	NAME 3620 Tayside Court	
STREET ADDRESS 1643 SILVER FOX CIRCLE	CITY-ST-ZIP APOPKA, FL 32712		STREET ADDRESS Apopka, Florida	CITY-ST-ZIP 32712	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME DICKINSON, BRENDA		TITLE NAME	NAME 3620 Tayside Court	
STREET ADDRESS 1429 HIGHLAND DR.	CITY-ST-ZIP TALLAHASSEE, FL 32311		STREET ADDRESS Apopka, Florida	CITY-ST-ZIP 32712	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	NAME 3620 Tayside Court		TITLE NAME	NAME 3620 Tayside Court	
STREET ADDRESS Apopka, Florida	CITY-ST-ZIP 32712		STREET ADDRESS Apopka, Florida	CITY-ST-ZIP 32712	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: X <i>Robert K. Dunn</i>			407-529-1617 1/14/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		