


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # 366845 1. Entity Name ESTES CITRUS, INC.	
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Principal Place of Business 3705 20 ST. VERO BEACH, FL 32960	Mailing Address 3705 20 ST. VERO BEACH, FL 32960
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1296707	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 ESTES, WILLIAM CODY 3705 20 ST. VERO BEACH, FL 32960	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT ESTES, WILLIAM CODY 3705 20TH STREET VERO BCH, FL 0,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CHILTON, CHARLES R 1920 MANOR CIR SE WINTER HAVEN, FL 0,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD ESTES, FAYE D. 3705 20TH STREET VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS YARINA, GLORIA 1066 26TH AVE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000204980
FL/ST/05-20024-013 150.00

**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:  **1-26-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #