

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 371502

Entity Name: H. & S. CITRUS, INC.

FILED
Jun 30, 2005
Secretary of State

Current Principal Place of Business:

1237 GROSE ROAD
FT PIERCE, FL 349826575

New Principal Place of Business:

Current Mailing Address:

1237 GROSE ROAD
FT PIERCE, FL 349826575

New Mailing Address:

PO BOX 1870
FT PIERCE, FL 34954

FEI Number: 59-1302798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CEMER, JOHN
1237 GROSE RD.
FT. PIERCE, FL 34982 US

Name and Address of New Registered Agent:

CEMER, JOHN
10924 SW DARDENELLE RD
PORT ST. LUCIE,, FL 34986 US

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.

SIGNATURE: JOHN S CEMER

06/30/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: DEERY, ROBERT L,
Address: 7717 WEXFORD WAY
City-St-Zip: PORT ST LUCIE, F

Title: PD () Delete
Name: CEMER, JOHN S.,
Address: PO BOX 1870
City-St-Zip: FT PIERCE, FL

Title: SD () Delete
Name: DEERY, LOIS,
Address: 7717 WEXFORD WAY
City-St-Zip: PORT ST LUCIE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: DEERY, ROBERT L,
Address: 7717 WEXFORD WAY
City-St-Zip: PORT ST LUCIE, F 34986

Title: PD (X) Change () Addition
Name: CEMER, JOHN S.,
Address: 10924 SW DARDENELLE ROAD
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: SD (X) Change () Addition
Name: DEERY, LOIS,
Address: 7717 WEXFORD WAY
City-St-Zip: PORT ST LUCIE, FL 34986

Title: VPD () Change (X) Addition
Name: BROWN, GEORGE,
Address: 4910 RALLS ROAD
City-St-Zip: FORT PIERCE, FL 34954

Title: D () Change (X) Addition
Name: EVANS, CONNIE,
Address: 10924 SW DARDENELLE ROAD
City-St-Zip: PORT ST LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN S.CEMER

PRES

06/30/2005

Electronic Signature of Signing Officer or Director

Date