


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90032 019 \*\*\*150.00

<b>DOCUMENT # 388994</b>	
1. Entity Name WALKER CITRUS FRUITS, INC.	

Principal Place of Business 8603 SALERNO RD FORT PIERCE, FL 34951	Mailing Address 8603 SALERNO RD FORT PIERCE, FL 34951
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**54027219**



2. Principal Place of Business <b>7216 MARSH TERRACE</b>	3. Mailing Address <b>PO BOX 65-0532</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01212004 Chg-P CR2E034 (10/03)

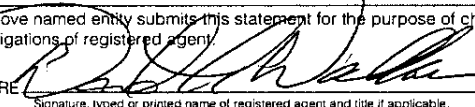
City & State <b>PORT ST. LUCIE, FL</b>	City & State <b>VERO BEACH, FL</b>
Zip <b>34986-323116</b>	Zip <b>32965-0532</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-1362196</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
WALKER, DAVID L. 3007 S. INDIAN RIVER DRIVE FORT PIERCE, FL 34982 <b>PORT ST. LUCIE, FL 34986-323116</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALKER, DAVID L. 3007 INDIAN RIVER DR. FORT PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7216 MARSH TERRACE</b> <b>PORT ST. LUCIE, FL 34986-323116</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALKER, VERDA H. 3007 INDIAN RIVER DR. FORT PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7216 MARSH TERRACE</b> <b>PORT ST. LUCIE, FL 34986-323116</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, BRYAN LEE 2311-SE 30TH PLACE OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALKER, DAVID LAVERNE 3007 INDIAN RIVER DR. FORT PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7216 MARSH TERRACE</b> <b>PORT ST. LUCIE, FL 34986-323116</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.	
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SIGNATURE 	DATE	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

Attachment  
Doc. # 388994

54027219

**To receive a form by mail:**

- Detach this postcard.
- Enter change of address, if applicable.
- Affix postage on reverse side and mail.
- Allow 7-10 business days to receive form.

388994

WALKER CITRUS FRUITS, INC.  
~~8603 SALERNO RD~~  
FORT PIERCE FL 34951-4958

**Change of Address**

PO Box 65-0532  
VERO BEACH, FL  
32965-0532



CR2E095 10/03