


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 29, 2004 8:00 am
Secretary of State

06-29-2004 90002 020 ***550.00

DOCUMENT # 390014 1. Entity Name CITRA PRODUCTS OF FLORIDA, INC.	
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Principal Place of Business 2614 AVE GN W WINTER HAVEN, FL 33880	Mailing Address 2614 AVE GN W WINTER HAVEN, FL 33880
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DO NOT WRITE IN THIS SPACE



05172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1418188	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

NORMAN, NANCY K
2204 AVE F NW
WINTER HAVEN, FL 33880

**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 \$550.00 Due by September 8, 2004	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	P
NAME	NORMAN, NANCY K
STREET ADDRESS	2204 AVE F NW
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	ST
NAME	NORMAN, NANCY K
STREET ADDRESS	2204 AVE F NW
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	VP
NAME	NORMAN, FLOYD ROBERT
STREET ADDRESS	1512 17TH ST NW 2614 Ave G NW
CITY-ST-ZIP	WINTER HAVEN, FL 33880
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: Nancy K. Norman June 23, 2004 863-293-8985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Nancy K. Norman