2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2004 08:00 AM

ARROAE REPORT				- Coopetany of State	
DOCU	MENT # 670865				Secretary of State
1. Emity Name WHEELER CITRUS, INC.					न े हैं।
Principal Plac	ce of Business	Mailing Address			-
6015 HARRELL NURSERY ROAD 6011 HAR		6011 HARRELL NURSERY RD			
LAKELAND,	FL 33813	LAKELAND, FL 33813			
			N. E. William A.		
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				59-201	¢9.75 A 1997
		y see the second	And the second second	5. Certificate	of Status Desired Fee Required
Name and Address of Current Registered Agent					
JUDD, GRADY 6015 HARRELL NURSERY ROAD				DO	NOT WRITE
	D, FL 33813				and the second s
				117	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 egen; and site 8 applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finance				00 мау Ве	1100000 to 1345
	ay 1, 2004 Fee will be \$550.0	Trust Fund Contribution.		ed to Fees	U00000103715 04/05/04-80065-025 150.00
10.	OFFICERS AND E	DIRECTORS	<u> </u>		A STATE OF THE STA
NAME	PD GRADY, JUDD				
STREET ADDRESS	6011 HARRELL NURSERY RD			·	
CITY-ST-ZIP	LAKELAND, FL 33813				The state of the s
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STREET ADDRESS CITY-ST-ZIP					
TITLE					Section 1
NAME					** #PX/gry.ufs.b. #side side side
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NAME STREET ADDDESS					erika di Karamatan Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn K Kabupatèn Kabupatèn
STREET ADDRESS CITY-ST-ZIP				-	
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, it further certify that the information indicated on this report or supply mental 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 receiptr 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 life empowered.

SIGNATURE:

STREET ADDRESS