2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741425

FILED Apr 22, 2005 Secretary of State

Entity Name: FLORIDA CITRUS PROCESSORS FOR GOOD GOVERNMENT, INC.

	rincipal Place	of Business:	New Pri	incipal Place of Business:
490 THIRD	STREET NW	1		
P. O. BOX WINTER H	2869 HAVEN, FL 33	8813401		
Current M	ailing Addres	ss:	New Ma	ailing Address:
P. O. BOX	STREET NW 2869 HAVEN, FL 33			
FEI Number:	: 59-1804878	FEI Number Applied	For () FEI Number Not A	Applicable () Certificate of Status Desired ()
Name and	Address of (Current Registered	Agent: Name a	and Address of New Registered Agent:
RATH, LIS 490 3RD S WINTER H		881 US		
	named entity e of Florida.	submits this stateme	nt for the purpose of changin	ng its registered office or registered agent, or both,
SIGNATUF	RE:			
	Electron	nic Signature of Regi	stered Agent	Date
OFFICERS	S AND DIREC	TORS:	ADDITIO	ONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address:) Delete , TOM	ADDITI (Title: Name: Address: City-St-Zi _I	() Change () Addition
OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	PD (ABRAHAMSON 7TH ST. EAST FROSTPROOF) Delete , TOM F, FL 33843) Delete UGH STREET	Title: Name: Address:	() Change () Addition p: () Change () Addition
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	PD (ABRAHAMSON 7TH ST. EAST FROSTPROOF 1VPD (THOMPSON, H 602 MCKEAN S AUBURNDALE) Delete , TOM F, FL 33843) Delete UGH STREET FL 33823) Delete	Title: Name: Address: City-St-Zi _l Title: Name: Address:	() Change () Addition p: () Change () Addition p: () Change () Addition
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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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA YOUNG RATH SD 04/22/2005