2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

Mar 24, 2005 8:00 am Secretary of State

FILED



| DOCUMENT # 752848 1. Entity Name FLORIDA CITRUS MUTUAL POLITICAL ACTION COMMITTEE, INC. | | | | | 03-24-2005 90046 045 ****61.25 | | | | | |
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| 302 S. MASSACHUSETTES AVENUE PO | | Mailing Address PO BOX 1809 LAKELAND, FL 33802 | O BOX 1809 | | | | | 5003048 | | |
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| Suite, Apt. #, etc. S | | Suite, Apt. #, etc. | uite, Apt. #, etc. | | 01132005 | Chg-NP | . CR2 | 2E037 (10/03) | | |
| City & State | | City & State | City & State | | 4. FEI Number 01-0553 | | | | oplied For ot Applicable | |
| Zip | Country | Zip | Country | | 5. Certificate d | of Status Desi | red 🔲 | \$8.75 Add | ditional | |
| | 6. Name and Address of Current I | Registered Agent | | | 7. Name and | Address of N | ew Registe | | | |
| LAVIGNE, ANDREW W | | | Name | | | | | | | |
| 302 S MAS | SSACHUSETTS AVE D, FL 33801 | | Street Address (| | | (P.O. Box Number is Not Acceptable) | | | | |
| LANELAINI | J, FC 33001 | | | | | | | | | |
| | | | City | | | | | FL Zip Cod | e | |
| | named entity submits this statement for tions of registered agent. | r the purpose of changing its | registered office or | r register | ed agent, or both | n, in the State | of Florida. I | am familiar with, | and accept | |
| • | | | | | | | | | | |
| | | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE | : Registered Agent signat | ture required | when reinstating) | | D/ | ATE | | |
| SIGNATURE | Signature, typed or printed name of registered agent of Filling Fee Is \$61.25 | 9. Election Cam | npaign Financing | | | | Make c | heck payable t | | |
| | Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Cam Trust Fund C | npaign Financing Contribution. | | \$5.00 May Be | | Make c Florida De | heck payable tepartment of S | tate | |
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12. I hereby certify that the information supplied with this filling 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 op fustee empowered to execute this report as required by Chapter 617, 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:

EVIN E.METHENY

3/22/05 963.682.1111

RE AND TYPED OR P

KEVIN E. METHENY

75 2848 # 75 2848

Florida Citrus Mutual Federal Political Action Committee 2004-05

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