

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 809970**

1. Entity Name  
**BROWN CITRUS SYSTEMS, INC.**



Principal Place of Business  
**633 NORTH BARRANCA AVENUE  
P.O. BOX 1170  
COVINA, CA 91723**

Mailing Address  
**633 NORTH BARRANCA AVENUE  
P.O. BOX 1170  
COVINA, CA 91723**

**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**95-1577533**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**NELSON, W H  
333 AVENUE M N W  
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 \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	AST
NAME	W H NELSON
STREET ADDRESS	333 AVENUE "M" NW
CITY - ST - ZIP	WINTER HAVEN, FL
TITLE	ST
NAME	LUND, V D
STREET ADDRESS	633 NORTH BARRANCA AVE
CITY - ST - ZIP	COVINA, CA 00000,
TITLE	PD
NAME	SCOTT ALEXANDER
STREET ADDRESS	633 N BARRANCA AVE
CITY - ST - ZIP	COVINA, CA
TITLE	D
NAME	CLARK, R B
STREET ADDRESS	633 NORTH BARRANCA AVE
CITY - ST - ZIP	COVINA, CA 00000,

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000092035  
03/18/04-80035-011 150.00

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**V. D. LUND**

**3-10-04**

Date

**626-966-8361**

Daytime Phone #