2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004
Secretary of State

DOCUMENT# F94580

Entity Name: PARADISE CITRUS SALES, INC.

Current Principal Place of Business:

5700 WEST MIDWAY RD
FT. PIERCE, FL 34979 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12969
FT. PIERCE, FL 349792969 US

New Mailing Address:

FEI Number: 59-2341054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGERS, JAMES L
5700 W MIDWAY RD
FT. PIERCE, FL 34979 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	ROGERS, JAMES L III	
Address:	200 COCONUT PALM ROAD	
City-St-Zip:	VERO BEACH, FL 32963 US	
Title:	PD	( ) Delete
Name:	ROGERS, R. SCOTT	
Address:	200 COCONUT PALM RD	
City-St-Zip:	VERO BEACH, FL 32963	
Title:	TD	( ) Delete
Name:	ROGERS, MARY M,	
Address:	200 COCONUT PALM ROAD	
City-St-Zip:	VERO BEACH, FL 32963	
Title:	D	( ) Delete
Name:	GARAVALIA, ELIZABETH R	
Address:	200 COCONUT PALM RD	
City-St-Zip:	VERO BEACH, FL 32963	
Title:	D	( ) Delete
Name:	CAMPIONE, ANNA R	
Address:	200 COCONUT PALM RD	
City-St-Zip:	VERO BEACH, FL 32963	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES ROGERS D 01/26/2004

Electronic Signature of Signing Officer or Director — Date