

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90112 011 \*\*\*150.00

<b>DOCUMENT # G11548</b> 1. Entity Name <b>CONOLEY CITRUS PACKERS, INC.</b>					
Principal Place of Business 12488 W. COLONIAL DR P.O. BOX 771399 WINTER GARDEN, FL 34787 US			Mailing Address PO BOX 771399 WINTER GARDEN, FL 34777-1399 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2235959</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CONLEY, E.B. II 931 W. OAKLAND AVE. OAKLAND, FL 34787				Name Street Address (P.O. Box Number is Not Acceptable) City	
				City <b>FL</b> Zip Code <b>34760</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONOLEY, II E. B. 3500 GATLIN AVE ORLANDO, FL 32812		TITLE NAME STREET ADDRESS CITY-ST-ZIP	931 W. OAKLAND AVE OAKLAND FL 34760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LEWIN, WILLIAM R PO BOX 12123/561 S CLERMONT, FL 347121423		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 persons empowered.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-27-05 Date		
			407656 6900 Daytime Phone #		

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