

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G55092

Entity Name: CITRUS HEDGING, INC.

FILED
Feb 09, 2005
Secretary of State

Current Principal Place of Business:

6425 HWY 80
ALVA, FL 33920 US

New Principal Place of Business:

Current Mailing Address:

% ROBERT M. BANCROFT
15051 ORANGE RIVER RD.
FT. MYERS, FL 33905

New Mailing Address:

FEI Number: 59-2369569 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANCROFT, ROBERT M.
15051 ORANGE RIVER RD.
FT. MYERS, FL 33905 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: DP () Delete
Name: BANCROFT, ROBERT M.
Address: 15051 ORANGE RIVER ROAD
City-St-Zip: FT MYERS, FL

Title: VS () Delete
Name: BANCROFT, JANE B
Address: 15051 ORANGE RIVER RD
City-St-Zip: FT. MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VS (X) Change () Addition
Name: BANCROFT, JANE B
Address: 15051 ORANGE RIVER RD
City-St-Zip: FT. MYERS, FL 33905

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: ROBERT M. BANCROFT

DP

02/09/2005

Electronic Signature of Signing Officer or Director

Date