

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # G66509

Entity Name
C.P. CITRUS GROVES, INC.



Principal Place of Business
**620 LAKE MEAD POINT
OLD HICKORY, TN 37138 US**

Mailing Address
**620 LAKE MEAD POINT
OLD HICKORY, TN 37138 US**



03032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1255796

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HUNT, ANDREW
225 EAST PARK AVENUE
LAKE WALES, FL 33853**

**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**

**U000000078452
03/03/04-80026-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
VALENTINE, CAROLINE
STREET ADDRESS
8501 CATHEDRAL FOREST DRIVE
CITY - ST - ZIP
FAIRFAX STATION, VA 22039

TITLE
S
NAME
SWARTZ, ELIZABETH
STREET ADDRESS
620 LAKE MEAD POINT
CITY - ST - ZIP
OLD HICKORY, TN 37138

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(f), 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

3/3/04

Date

615-847-2171

Daytime Phone #