


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90009 027 ***150.00

DOCUMENT # H27596 1. Entity Name PRAIRIE CREEK CITRUS, INC.	
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Principal Place of Business 12349 CURLEY RD SAN ANTONIO FL 33576 US	Mailing Address PO BOX 537 SAN ANTONIO FL 33576 US
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2. Principal Place of Business 12310 Pompano St. Suite, Apt. #, etc.	3. Mailing Address P. O. Box 1276 Suite, Apt. #, etc.
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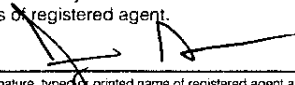
City & State San Antonio, FL	City & State Dade City, FL	4. FEI Number 59-2465385	Applied For <input type="checkbox"/> Not Applicable
Zip 33576	Country USA	Zip 33526-1276	Country USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent SCHRADER, THEODORE JOHN 31306 PASCO RD. SAN ANTONIO FL 33576		7. Name and Address of New Registered Agent Name Jerome G. Schrader Street Address (P.O. Box Number is Not Acceptable) 12310 Pompano St. City San Antonio FL Zip Code 33576	
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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  DATE **1/27/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHRADER, THOMAS A. 1042 N. CURLEY STREET SAN ANTONIO FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Caroe, Katherine S. P. O. Box 623 Woodbury, CT 06798 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHRADER, TERRANCE E. 31414 PASCO ROAD SAN ANTONIO FL 33576 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Schrader, Jerome G. 12310 Pompano St. San Antonio, FL 33576 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHRADER, THEODORE J. 4 BROWSER ROAD SAN ANTONIO FL 33576 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARONS, MARK 31306 PASCO RD SAN ANTONIO FL 33576 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

1/27/04

Date

352/567-1999

Daytime Phone #