

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90060 016 \*\*\*150.00

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01062005 Chg-P CR2E034 (10/03)

DOCUMENT # H27596			
1. Entity Name PRAIRIE CREEK CITRUS, INC.		Principal Place of Business 12310 POMPANIC ST. SAN ANTONIO, FL 33576 - US	
Mailing Address PO BOX 1276 DADE CITY, FL 33526 US		e-Charge	
2. Principal Place of Business		3. Mailing Address PO Box 623	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Woodbury, CT	
Zip	Country	Zip	Country
		06798	
4. FEI Number 59-2465385		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHRADER, JEROME G 12310 POMPANIC ST. SAN ANTONIO, FL 33576		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAROE, KATHERINE S PO BOX 623 WOODBURY, CT 06798 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Caroe, Katherine S. P. O. Box 623 Woodbury, CT 06798 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHRADER, JEROME G 12310 POMPANIC ST. 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
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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: <u>Katherine S. Caroe</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Katherine S. Caroe, PSTD		Date: <u>1-16-05</u> (203) 263-2997 Daytime Phone #	