

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # J42766

**1. Entity Name
RIVER VALLEY CITRUS, INC.**



**Principal Place of Business
3205 CR 664
BOWLING GREEN, FL 33834 US**

**Mailing Address
3205 CR 664
BOWLING GREEN, FL 33834 US**

DO NOT WRITE IN THIS SPACE



02272006 No Chg-P CR2E034 (11/05)

**4. FEI Number
59-2738499**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, ELLEN E
3205 CR 664
BOWLING GREEN, FL 33834**

**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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME SMITH, ELLEN E
STREET ADDRESS 3205 CR 664
CITY-ST-ZIP BOWLING GREEN, FL 33834**

**TITLE VS
NAME SMITH, JOSEPH F
STREET ADDRESS 3205 CR 664
CITY-ST-ZIP BOWLING GREEN, FL 33834**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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CITY-ST-ZIP**

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03/14/06-80004-003 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Ellen E. Smith
Ellen E. Smith

2-27-06

863-375-4589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #