


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2005 08:00 A**  
**Secretary of State**

<b>DOCUMENT # J48528</b> 1. Entity Name FLORIDA CITRUS, INC.	
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Principal Place of Business 333 AVENUE "M", N.W. P.O. BOX 713 WINTER HAVEN, FL 33881-2405	Mailing Address 333 AVENUE "M", N.W. P.O. BOX 713 WINTER HAVEN, FL 33881-2405
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01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-1725525	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  NELSON, W.H. 333 AVENUE "M", N.W. WINTER HAVEN, FL 33880
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2005 Fee will be \$550.00**


9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000247237  
03/01/05-80013-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCOTT R ALEXANDER 633 N BARRANCA AVE COVINA, CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AST NELSON, W.H. 333 AVENUE "M", N.W. WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST VERYLE D LUND 333 AVENUE M NW WINTER HAVEN, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
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)(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

2/22/05  
Date

626-966 8361  
Daytime Phone #