2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 28, 2005 08:00 AM DOCUMENT # M73155 **Secretary of State** 1. Entity Name CHARLOTTE CITRUS, INC. Principal Place of Business Mailing Address C/O ALFRED M. JOHNS ONE WOODLAND DRIVE PUNTA GORDA FL 33982-9690 C/O ALFRED M. JOHNS ONE WOODLAND DRIVE PUNTA GORDA FL 33982-9690 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0037664 Not Applicable Zip Country 710 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNS, ALFRED M. Street Address (P.O. Box Number is Not Acceptable) ONE WOODLAND DRIVE PUNTA GORDA FL 33950 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 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DP Addition HILE Change Hilli Delete JOHNS, ALFRED M. HAM-STREET ADDRESS ONE WOODLAND DRIVE STREET ADDRESS CHY-SI-ZIP PUNTA GORDA FL CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete HDF 100000247094 SAFRON, ELWOOD P NAME HANE 03/01/05-80006-019 150.00 2323 SANDY PINE DRIVE STREET ADDRESS STHEET ADDRESS CHY-ST-ZIP PUNTA GORDA FL 33982 CHY-ST-ZIP ☐ Defete Tall F ☐ Change ■ Addition 11111 NAME STREET ANDRESS STREET ADDALSS CITY-ST-78P CHY-SI-7P Addition ☐ Delete TITLE ☐ Change Itite MANAE HAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY - St - 7# ☐ Delete ☐ Change ☐ Addition IIILE MARKE NAME CHREET ACCORESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP Change ☐ Addition UTCE ☐ Delete TUBLE KAME NAME STREET ADJUSTESS STREET ADDRESS CHY-SI-ZIP CITY-SI-ZIP 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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