


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000005342 1. Entity Name TEAM FLORIDA OF CITRUS, INC.	
--	---

Principal Place of Business 5335 W. BONANZA DRIVE BEVERLY HILLS, FL 34465-4472	Mailing Address 5335 W. BONANZA DRIVE BEVERLY HILLS, FL 34465-4472
--	--

DO NOT WRITE IN THIS SPACE



04072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3735187	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

SWANSON, RICHARD C
5335 W. BONANZA DRIVE
BEVERLY HILLS, FL 34465-4472

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000125699 04/23/04-80001-024 61.25
---	---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWANSON, RICHARD C 5335 W. BONANZA DRIVE BEVERLY HILLS, FL 344654472
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWANSON, LYNN M 5335 W. BONANZA DRIVE BEVERLY HILLS, FL 344654472
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOMAR, CARSON B POST OFFICE BOX 1324 HOMOSASSA SPRINGS, FL 344471324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 617, 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:  **4/13/04 352 527-4440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #