2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005
Secretary of State

DOCUMENT# N93000002714

Entity Name: PEACE RIVER VALLEY CITRUS GROWERS ASSOCIATION, INC.

Current Principal Place of Business:

10 EAST OAK ST
SUITE B
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

10 EAST OAK ST
SUITE B
ARCADIA, FL 34266 US

New Mailing Address:

FEI Number: 65-0421330 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDERS, KEN
PO BOX 1149
WAUCHULA, FL 33873 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: SANDERS, KEN
Address: PO BOX 1149
City-St-Zip: WAUCHULA, FL 33873 US

Title: V/ D ( ) Delete
Name: TAYLOR, HUGH
Address: 11401 A.D. TAYLOR ROAD
City-St-Zip: MYAKKA CITY, FL 34251 US

Title: T/D ( ) Delete
Name: HOOPINGARNER, LOU
Address: 143 SOUTH OCEOLA AVENUE
City-St-Zip: ARCADIA, FL 34266 US

Title: D ( ) Delete
Name: CARLTON, PAT
Address: PO BOX 20186
City-St-Zip: BRADENTON, FL 34204 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: KRAUSE, ROBERT
Address: 2807 RALPH JOHNS ROAD
City-St-Zip: WAUCHULA, FL 33873 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA CARLTON ED 01/25/2005

Electronic Signature of Signing Officer or Director — Date