


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000004179	
1. Entity Name FLORIDA CITRUS MARKETERS COOPERATIVE, INC.	

Principal Place of Business 210 N 3RD AVE WAUCHULA, FL 33873	Mailing Address 210 N 3RD AVE WAUCHULA, FL 33873
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03152004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 65-0517170	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KELLEY, ESTEL W 131 WODEN WAY SE WINTER HAVEN, FL 33881
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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	U000000118761 04/19/04-80073-009 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KELLEY, ESTEL W. 131 WODEN WAY, SE WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SASSER, ROBERT E 210 N 3RD AVE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRIMES, TINA 210 N 3RD AVE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 it 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: Robert Sasser Robert Sasser 3/18/04 (813) 723-3323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Phone #