


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000004179 1. Entity Name FLORIDA CITRUS MARKETERS COOPERATIVE, INC.	
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Principal Place of Business 210 N 3RD AVE WAUCHULA, FL 33873	Mailing Address 210 N 3RD AVE WAUCHULA, FL 33873
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DO NOT WRITE IN THIS SPACE



03102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0517170	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees 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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	
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04/30/05-80068-004 61.25

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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 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: *[Signature]* **Director** 4/21/05 865-781-0715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #