

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000115304

FILED
Mar 08, 2004
Secretary of State

Entity Name: CITRUS ELITE OF FLORIDA, INC.

Current Principal Place of Business:

305 AVE E S.W.
WINTER HAVEN, FL 33880

New Principal Place of Business:

305 AVE "E" S.W.
WINTER HAVEN, FL 33880

Current Mailing Address:

305 AVE E S.W.
WINTER HAVEN, FL 33880

New Mailing Address:

PO BOX 1594
WINTER HAVEN, FL 33882

FEI Number: 59-3691765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUFORD, JAMES E
305 AVE E S.W.
WINTER HAVEN, FL 33880

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: ABE, TAKAAKI
Address: 305 AVE E S.W.
City-St-Zip: WINTER HAVEN, FL 33880

Title: VSTD () Delete
Name: SHUFORD, JAMES E
Address: 305 AVE E S.W.
City-St-Zip: WINTER HAVEN, FL 33880

Title: DV () Delete
Name: TAKESHI, HAYAMA
Address: 305 AVE E SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: CFO () Delete
Name: MOORE, EDWARD C
Address: 305 AVE E SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: DV () Delete
Name: ABE, ISAO
Address: 305 AVE E SW
City-St-Zip: WINTER HAVEN, FL 33880

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD MOORE

CFO

03/08/2004

Electronic Signature of Signing Officer or Director

_____ Date