2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 26, 2004 8:00 am
Secretary of State
05-26-2004 90001 016 ***150.00

DOCUMENT # P02000102784

1. Entity Name
F & M CITRUS HARVESTING, INC.

Principal Place of Business	Mailing Address
1355 HIGHWAY 630 FROSTPROOF FL 33843	P.O. BOX 974 FROSTPROOF FL 33843

54055574

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 82-0563014 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, KARLA RENE'E
1104 W. PLEASANT ST.
AVON PARK FL 33825

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	AVELLANEDA, FABIAN		NAME		
STREET ADDRESS	1355 HIGHWAY 630		STREET ADDRESS		
CITY-ST-ZIP	FROSTPROOF FL 33843		CITY-ST-ZIP		
TITLE	SVD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	AVELLANEDA, MARIA P		NAME		
STREET ADDRESS	1355 HIGHWAY 630		STREET ADDRESS		
CITY-ST-ZIP	FROSTPROOF FL 33843		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 607, 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: Karla Renee Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

Management Experts, Inc.

P.O. Box 7082
Avon Park, FL 33826

Avon Park Office
(863) 452-0101
401 U.S. 27 N.

Frostproof Office
(863) 635-6426
127 Reedy Creek Dr.

#P02000102784
540555174

May 17, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

It has come to our office attention, that we mistakenly misplaced our clients enclosed Corporate Annual Report although we thought it had been forwarded it on to your office.

We respectfully request consideration for abating the late fee and accepting the report at this time because it was not the fault of our client. We also thank you for your consideration.

Sincerely,

Lavoria Hunter
Office Manager