


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P13270 1. Entity Name GENERAL CITRUS INTERNATIONAL, INC.	
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Principal Place of Business 633 N BARRANCA P O BOX 1170 COVINA, CA 91722	Mailing Address 633 N BARRANCA P O BOX 1170 COVINA, CA 91722
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2743689	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	V ANN WILLIAMS 633 N BARRANCA AVE. COVINA, CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALEXANDER, SCOTT R. 633 N. BARRANCA AVE. COVINA, CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUND, VERYLE D. (ASST.) 333 AVE. "M" NW WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NELSON, W.H. (ASST.) 333 AVE. "M" N.W. WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000092108 03/18/04-80035-023 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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 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: <u><i>Veryle D. Lund</i></u> V.D. Lund 3-10-04 626 966-8361	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		