


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P35979 1. Entity Name SUN GROWN CITRUS, INC.	
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FILED

06 APR 28 AM 11:23

FEDERAL STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1857 KELLER ROAD P. O. BOX 208 FT MEADE, FL 33841 US	Mailing Address 701 HARGER ROAD SUITE 190 OAK BROOK, IL 60523 US
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\$150.00



DO NOT WRITE IN THIS SPACE

04042006 No Chg-P CR2E034 (11/05) *06*

4. FEI Number 36-3779440	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOUTHERN BAKERIES, INC.
ATTN: ARTHUR KRANTZ
3355 W. MEMORIAL BLVD.
LAKELAND, FL 33801

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHUSTER, STEPHEN M 701 HARGER ROAD STE 190 OAK BROOK, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRANTZ, ARTHUR H. 701 HARGER ROAD, #190 OAK BROOK, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUSTAFSON, F. EDWARD 701 HARGER ROAD, #190 OAK BROOK, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNETT, JOHN CONNALLY 1857 KELLER ROAD FT MEADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, DONALD P 701 HARGER RD. STE. 190 OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000074327190
05/10/06--01012--002 **1250.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Stephen M. Schuster* Stephen M. Schuster, VP *13 APR 06* 630-575-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #