


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90004 018 ***150.00

DOCUMENT # P93000034038	
1. Entity Name GULFCOAST CITRUS HARVESTING, INC.	

Principal Place of Business HIGHWAY 78-A LABELLE, FL 33975 US	Mailing Address P.O. BOX 2357 LABELLE, FL 33935
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54005784



2. Principal Place of Business Suite, Apt. #, etc. 5701 Ft. Denaud Rd. City & State Alva, FL Zip 33920	3. Mailing Address Suite, Apt. #, etc. City & State Country Hendry
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02052004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent PAUL, BRYAN W HIGHWAY 78-A LABELLE, FL 33975	
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4. FEI Number 65-0338158	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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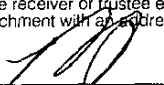
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5701 Ft. Denaud Rd. City Alva FL Zip Code 33920	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD PAUL, BRYAN W HWY 78-A P.O. BOX 2274 LABELLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: 	Bryan W. Paul	2/9/04	863-675-4410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #