2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P93000036946

Entity Name: CITRUS RECOVERY CORPORATION

Current Principal Place of Business:

1717 INDIAN RIVER BLVD.
STE 100
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

N27 W24025 PAUL CT, PO BOX 449
ATTN: MARY C. MISKE
PEWAUKEE, WI 53072 US

New Mailing Address:

FEI Number: 65-0415993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHALL, JACK E
3495 NE 163RD STREET
NORTH MIAMI BEACH, FL 33160 US

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: D ( ) Delete
Name: STRAKA, J. MICHAEL
Address: 36076 N BEACH RD
City-St-Zip: LAKE OCONOMOWOC, WI 53066

Title: D ( ) Delete
Name: BONNELL, STEPHEN
Address: N28 W22367 FOX WOOD LANE
City-St-Zip: WAUKESHA, WI 53816

Title: DS ( ) Delete
Name: STRAKA, DONALD
Address: N53 W14147 INVERY CT
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: P ( ) Delete
Name: SCHALL, JACK
Address: 3495 NE 163RD STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: T ( ) Delete
Name: KLITZING, STEVEN T
Address: 1391 FOREST VIEW LANE
City-St-Zip: OCONOMOWOC, WI 53066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SCHALL, JACK E
Address: 3495 NE 163RD STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: D (X) Change ( ) Addition
Name: ARAUJO, JOSE
Address: 17708 SW 28TH STREET
City-St-Zip: MIRAMAR, FL 33029

Title: DS (X) Change ( ) Addition
Name: STRAKA, DONALD J
Address: N53 W14147 INVERY CT
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: P (X) Change ( ) Addition
Name: SCHALL, JACK E
Address: 3495 NE 163RD STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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: STEVEN T. KLITZING T 04/29/2004

Electronic Signature of Signing Officer or Director Date