


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90058 024 ***150.00

DOCUMENT # P93000070911 1. Entity Name CITRUS MANAGEMENT OF INDIAN RIVER COUNTY, INC.					
Principal Place of Business 333 17TH STREET SUITE U VERO BEACH, FL 32960 US			Mailing Address PO BOX 971 VERO BEACH, FL 32961 US		
2. Principal Place of Business 849 20th Street Suite, Apt. #, etc.			3. Mailing Address 849 20th Street Suite, Apt. #, etc.		
City & State Vero Beach FL			City & State Vero Beach FL		
Zip 32960		Country USA		4. FEI Number 59-3310329	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MCHUGH, JOHN J JR 333 17TH STREET SUITE U VERO BEACH, FL 32960			7. Name and Address of New Registered Agent Name David P. Novak Chartered Street Address (P.O. Box Number is Not Acceptable) 849 20th Street City Vero Beach FL Zip Code 32960		
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 <u><i>David Novak</i></u> DATE <u>2/26/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCHUGH, JOHN J JR <input checked="" type="checkbox"/> Delete 333 17TH ST SUITE U VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David P. Novak 849 20th Street Vero Beach FL 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D President <input type="checkbox"/> Delete CONNELL, JR. J 333 17TH STREET, SUITE U VERO BEACH, FL		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	
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	
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.					
SIGNATURE: <u><i>David Novak</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/26/04</u> Daytime Phone # <u>772 778 5100</u>		

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