## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000094246

MIXON, CAROLE P

2908 26TH AVENUE E

BRADENTON, FL 34208

Name:

Address:

City-St-Zip:

FILED Feb 10, 2005 Secretary of State

Entity Nai	me: GENE'S C	ITRUS RA	NCH, INC.						
Current Principal Place of Business:					New Principal Place of Business:				
	KEYE ROAD O MANATEE, F	FL 34221	US						
Current Mailing Address:					New Mailing Address:				
P.O. BOX PALMETT	996 O, FL 3422009	96 US							
FEI Number:	: 65-0547216	FEI Numbe	er Applied For()	FEI Nun	nber Not Appl	icable ( )	Certifica	ate of Status Des	ired (X)
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
	COTT KEYE ROAD O, FL 34221	US							
	named entity see of Florida.	ubmits this	statement for the	purpose o	f changing it	ts registered	d office or r	registered ager	nt, or both,
SIGNATU	RE:								
	Electron	ic Signatur	e of Registered Aલ્	gent				Date	
Election Car	npaign Financing	Trust Fund	Contribution ( ).						
OFFICER	S AND DIRECT	rors:			ADDITION	S/CHANGE	ES TO OFF	FICERS AND I	DIRECTORS:
Title: Name: Address: City-St-Zip:	D () MIXON, EUGEN 2908 26TH AVE BRADENTON, F	NUE E			Title: Name: Address: City-St-Zip:	D MIXON, EUO 3412 10 LN PALMETTO,	W	( ) Addition	
Title: Name: Address: City-St-Zip:	V () MIXON, R E 11300 O'NEIL R PALMETTO, FL				Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	P () MIXON, SCOTT 2833 48TH WAY BRADENTON, F	/ EAST			Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition	
Title:	D ()	Delete			Title:	D	(X) Change	( ) Addition	

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.

Name:

Address:

City-St-Zip:

MIXON, CARÔLE P

PALMETTO, FL 34221

3412 10TH LN W

SIGNATURE: SCOTT S MIXON Ρ 02/10/2005