



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90379 020 ***150.00

DOCUMENT # P95000002423 1. Entity Name MCKENNA & ASSOCIATES CITRUS, INC.					
Principal Place of Business 1513 NE LAKEVIEW DR. SEBRING, FL 33870			Mailing Address 1513 NE LAKEVIEW DR. SEBRING, FL 33870		
2. Principal Place of Business 2551 Lakeview Dr Suite, Apt. #, etc.		3. Mailing Address 2551 Lakeview Dr. Suite, Apt. #, etc.			
City & State Sebring FL Zip 33870		City & State Sebring, FL Zip 33870		4. FEI Number 65-0557117	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRISON, JOSEPH A 5410 S. FLORIDA AVE. SUITE 3 LAKELAND, FL 33813				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2005 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	PD MCKENNA, MARTIN J 1513 NE LAKEVIEW DR. SEBRING, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2551 Lakeview Dr. Sebring, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKENNA, KAREN N 1513 N.E. LAKEVIEW DR SEBRING, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2551 Lakeview Dr Sebring, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <i>Karen N. McKenna</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-11-05 863 3823592 Date Daytime Phone #		

Karen N. McKenna