

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90030 008 ***150.00

DOCUMENT # P95000079080 1. Entity Name CLEWISTON CITRUS, INC.					
Principal Place of Business ROUTE 2 BOX 1210 CLEWISTON, FL 33440-9618			Mailing Address C/O THE BANK OF NEW YORK ONE WALL ST-16TH FLOOR NEW YORK, NY 10286 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address c/o The Bank of New York		 01272004 Chg-P CR2E034 (10/03)	
City & State		Suite, Apt. #, etc. 100 Church Street, 9th Floor			
City & State New York, N.Y.		City & State New York, N.Y.			
Zip 10286	Country U.S.A.	Zip 10286	Country U.S.A.		
4. FEI Number 13-3859037				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SMITH, RICHARD C C/O SHOOK, HARDY & BACON 2400 MIAMI CENTER-201 S BISCAYNE BLVD MIAMI, FL 33131-2312	
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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME DIETZ, HAROLD F	STREET ADDRESS ONE WALL ST	CITY-ST-ZIP NEW YORK, NY 10286	☒ Delete	TITLE V
NAME DIETZ, HAROLD F	STREET ADDRESS ONE WALL ST	CITY-ST-ZIP NEW YORK, NY 10286	NAME Edgar Ortiz	STREET ADDRESS 100 Church Street, 9th Floor	CITY-ST-ZIP New York, N.Y. 10286
TITLE S	NAME BICKET, PATRICIA A	STREET ADDRESS ONE WALL ST	CITY-ST-ZIP NEWYORK, NY 10286	☐ Delete	TITLE V/D
NAME BICKET, PATRICIA A	STREET ADDRESS ONE WALL ST	CITY-ST-ZIP NEWYORK, NY 10286	NAME Desalvio, Edward J	STREET ADDRESS ONE WALL ST	CITY-ST-ZIP NEW YORK, NY
TITLE VP	NAME DESALVIO, EDWARD J	STREET ADDRESS ONE WALL ST	CITY-ST-ZIP NEW YORK, NY	☐ Delete	TITLE P/D
NAME DESALVIO, EDWARD J	STREET ADDRESS ONE WALL ST	CITY-ST-ZIP NEW YORK, NY	NAME MALANGA, GEORGE	STREET ADDRESS ONE WALL ST	CITY-ST-ZIP NEW YORK, NY 10286
TITLE SVP	NAME MALANGA, GEORGE	STREET ADDRESS ONE WALL ST	CITY-ST-ZIP NEW YORK, NY 10286	☐ Delete	TITLE V
NAME MALANGA, GEORGE	STREET ADDRESS ONE WALL ST	CITY-ST-ZIP NEW YORK, NY 10286	NAME ZANGRE, ANTHONY	STREET ADDRESS ONE WALL ST	CITY-ST-ZIP NEW YORK, NY
TITLE VP	NAME ZANGRE, ANTHONY	STREET ADDRESS ONE WALL ST	CITY-ST-ZIP NEW YORK, NY	☐ Delete	TITLE V
NAME ZANGRE, ANTHONY	STREET ADDRESS ONE WALL ST	CITY-ST-ZIP NEW YORK, NY	NAME TAYLOR, ALBERT R	STREET ADDRESS ONE WALL STREET	CITY-ST-ZIP NEWYORK, NY
TITLE V	NAME TAYLOR, ALBERT R	STREET ADDRESS ONE WALL STREET	CITY-ST-ZIP NEWYORK, NY	☐ Delete	TITLE V
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:			1/29/04 (212) 437-5558		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		