

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90056 014 ***150.00

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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
100 CHURCH ST., NINTH FLOOR
NEW YORK, NY 10286 US**

40043037



2. Principal Place of Business

3. Mailing Address

**c/o The Bank of New York
One Wall Street, 32nd Floor**

03242005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New York, N.Y.

4. FEI Number
13-3859037

Applied For
Not Applicable

Zip

Country

Zip

Country

10286

U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, RICHARD C
C/O SHOOK, HARDY & BACON
2400 MIAMI CENTER-201 S BISCAYNE BLVD
MIAMI, FL 33131-2312**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☒ Delete
NAME **ORTIZ, EDGAR**
STREET ADDRESS **100 CHURCH ST, 9TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10286**

TITLE **T** ☐ Change ☒ Addition
NAME **Gregory P. Warnke**
STREET ADDRESS **One Wall Street**
CITY-ST-ZIP **New York, N.Y. 10286**

TITLE **S** ☐ Delete
NAME **BICKET, PATRICIA A**
STREET ADDRESS **ONE WALL ST**
CITY-ST-ZIP **NEWYORK, NY 10286**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **DESALVIO, EDWARD J**
STREET ADDRESS **ONE WALL ST**
CITY-ST-ZIP **NEW YORK, NY 10286**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **MALANGA, GEORGE**
STREET ADDRESS **ONE WALL ST**
CITY-ST-ZIP **NEW YORK, NY 10286**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **ZANGRE, ANTHONY**
STREET ADDRESS **100 CHURCH ST., 9TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10286**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **One Wall Street**
CITY-ST-ZIP **New York, N.Y. 10286**

TITLE **V** ☐ Delete
NAME **TAYLOR, ALBERT R**
STREET ADDRESS **ONE WALL STREET**
CITY-ST-ZIP **NEWYORK, NY**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Zip Code: 10286**

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:

Anthony Zangre 3/28/05 (212) 635-6648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #