


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90042 004 ***158.75

DOCUMENT # P96000024923 1. Entity Name SILVER SPRINGS CITRUS, INC.	
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Principal Place of Business P. O. BOX 155 HOWEY-IN-THE-HILLS, FL 34737-0155	Mailing Address P. O. BOX 155 HOWEY-IN-THE-HILLS, FL 34737-0155
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1149667	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	DOE
NAME	TAKAI, YOSHIMI
STREET ADDRESS	25411 MARE AVENUE
CITY-ST-ZIP	HOWEY-IN-THE-HILLS, FL 34737
TITLE	T
NAME	HALL, MICHAEL
STREET ADDRESS	25411 MARE AVENUE
CITY-ST-ZIP	HOWEY IN THE HILLS, FL 347370155
TITLE	DOE
NAME	WIENER, WILLIAM J
STREET ADDRESS	25411 MARE AVENUE
CITY-ST-ZIP	HOWEY-IN-THE-HILLS, FL 34737
TITLE	PD
NAME	REES, JOHN N
STREET ADDRESS	25411 MARE AVENUE
CITY-ST-ZIP	HOWEY-IN-THE-HILLS, FL 34737
TITLE	VPD
NAME	YOUNGBLOOD, E. GARY
STREET ADDRESS	25411 MARE AVE
CITY-ST-ZIP	HOWEY IN THE HILLS, FL 34737
TITLE	D
NAME	HASEGAWA, TAKASHI
STREET ADDRESS	25411 MARE AVE
CITY-ST-ZIP	HOWEY IN THE HILLS, FL 34737

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Michael Hall</i> Michael Hall <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/6/06 <small>Date</small>	352-324-2101 <small>Daytime Phone #</small>
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