2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Katherie &

DOCUMENT # P96000024973  1. Entity Name  YANKEE CITRUS CORP.				Feb 18, 2005 08:00 AM Secretary of State
Principal Place of Business Mailing Address				
PO BOX 156 PO BOX 156				
SAN ANTONIO FL 33576 SAN ANTONIO FL 33576			576	
				. HERMINDER FIND FRANK BOTTE STOLL ORDIN BROTT BEFORE SEEDS BURGE SEEDS FEERER (1/100) IT INDI
2. Principal Place of Business				
				C COMMINDOL (SEM 4 MILLS MEMILL NOVILL NOVILL NOVILL SEMAN MILLS FAMOUR LIVENDE IL INDIANA (11 NOVILL NOVI
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)
City & State		City & State		4. FEI Number FO 0000000 Applied For
				59-3366230 Not Applicable
j Zip	Country	Žip	Country	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
			Name	•
SCHRADER, JEROME G 12744 CURLEY ROAD			Street Address	(P.O. Box Number is Not Acceptable)
SAN ANTONIO FL 33576				
		•	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 ager	(NOTE	Registered Agent signature requir	ed when re-nsiating) DATE
	TLE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.0	o · ·		9. Election Campaign Financing \$5.00 May Be
	k Payable to Florida Department			Trust Fund Contribution.
10.	OFFICERS ANI	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE	INTERCEPTED
NAME STREET ADDRESS	CAROE, KATHERINE S 47 JUDSON AVENUE	•	NAME STREET ADDRESS	02/18/05-80033-025 150.00
CITY-ST-ZIP	WOODBURY CT 06798		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BARONS, PEGGY		NAME	
STREET ADDRESS CITY ST-ZIP	1 NORTHGATE CIRCLE LEXINGTON MA 02173		STREET ADDRESS CITY+S1+ZIP	
TITLE	ELANGTON WA 02173	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		□1 fièrère	NAME	_ Olialiya
STREET ADDRESS	-		STREET AUDRESS	
CITY-ST-ZIP			CITY - ST - ZIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CHY-Si-ZIP	
TITLE		☐ Delete	TOTAL	☐ Change ☐ Addition
NAME			NAME	
CIRCET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	anytifu that the information and it is	th this filing does not week f	CHY Si-ZIP	Continue 110 07/2000 Elogida Statutas I further earlife that the information
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				
of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in block 10 of block 11 if changed, or on an attachment with an address, with all other like empowered				
W 11 - 1 C 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR S. Caroe 2/14/05 (28)263-299"

.FILED