Via Certified Mail 7001 2510 0008 6540 3453

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attac

SIGNATURE: Jame

## Apr 01, 2004 08:00 AM Secretary of State DOCUMENT # P96000055077 RIVER SUN CITRUS MANAGEMENT, INC. Principal Place of Business Mailing Address P.O. BOX 2325 206 N. 6TH AVENUE WAUCHULA, FL 33873-6325 WAUCHULA, FL 33873-6325 03262004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0682473 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SEE, JAMES V JR DO NOT WRITE 206 NORTH 6TH AVENUE WAUCHULA, FL 33873 IN THIS SPACE 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, typod or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be U00000101103 Trust Fund Contribution. Added to Fees U4/U1/O4-80034-019 150.00 10. OFFICERS AND DIRECTORS PSD titl F SEE, JAMES V JR NAME 206 N 6TH AVE STREET ADDRESS WAUCHULA, FL 33873 CITY - ST - ZIP CD MCKANE, DAVID B NAME 180 POST RD E STREET ADDRESS CITY-ST-ZIP WESTPORT, CT 06880 NAME ROBBINS, PETER G STREET ADDRESS 180 POST RD E DO NOT WRITE CITY-ST-ZIP WESTPORT, CT 06880 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

INC.

3/29/2004

(863) 773-9725

Daytime Phone #

FILED