2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000055077

1. Entity Name
RIVER SUN CITRUS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
206 N. 6TH AVENUE WAUCHULA, FL 33873-6325	P.O. BOX 2325 WAUCHULA, FL 33873-6325

DO NOT WRITE IN THIS SPACE

02042005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0682473	Not Applicable

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

6. Name and Address of Current Registered Agent

SEE, JAMES V JR
206 NORTH 6TH AVENUE
WAUCHULA, FL 33873

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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 _____

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

TITLE	PSD
NAME	SEE, JAMES V JR
STREET ADDRESS	206 N 6TH AVE
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	CD
NAME	MCKANE, DAVID B
STREET ADDRESS	180 POST RD E
CITY-ST-ZIP	WESTPORT, CT 06880
TITLE	CD
NAME	ROBBINS, PETER G
STREET ADDRESS	180 POST RD E
CITY-ST-ZIP	WESTPORT, CT 06880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/16/05-90006-024 150.00

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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: _James V. See, Jr._____   President____   2/4/2005   863-773-9725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #