

Via Certified Mail 7001 2510 0008 6540 3453

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000056247		
1. Entity Name RIVER SUN CITRUS MANAGEMENT, II, INC.		
Principal Place of Business 206 NORTH 6TH AVENUE WAUCHULA, FL 33873	Mailing Address P.O. BOX 2325 WAUCHULA, FL 33873	
DO NOT WRITE IN THIS SPACE		
		03262004 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0701222
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SEE, JAMES V JR. 206 NORTH 6TH AVENUE WAUCHULA, FL 33873		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000101102 U4/U1/U4-UUB34-018 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SEE, JAMES V JR. 206 NORTH 6TH AVENUE WAUCHULA, FL 33873	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MCKANE, DAVID B 180 POST RD E WESTPORT, CT 06880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ROBBINS, PETER G 180 POST RD E WESTPORT, CT 06880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.		
RIVER SUN CITRUS MANAGEMENT II, INC.		
SIGNATURE: <u>James V. / SEE, Jr. President</u>		3/29/2004 (8630 773-9725)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #