## 2004 FOR PROFIT CORPORATION ANNUAL-REPORT

## FILED Apr 30, 2004 08:00 AM Secretary of State

ANNOALNEFORI				
DOCUMENT # P96000069032  1. Entity Name J. B. ROGERS CITRUS, INC.				
Principal Place of Business	_	Mailing Address		
184 HUNTLEY OAKS BLVD		184 HUNTLEY OAKS BLVD		
LAKE PLACID, FL 33852	US	LAKE PLACID, FL 33852	UŞ	



04282004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0689714 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROGERS, AMBERLEE DO NOT WRITE 184 HUNTLEY OAKS BLVD LAKE PLACID, FL 33852 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be  $\Box$ Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE ROGERS, JASON B NAME 184 HUNTLEY OAKS BLVD STREET ADDRESS 0000000 4000 6469 0468 0476 005 159, 90 CITY-ST-ZIP LAKE PLACID, FL 33852 TITLE ROGERS, AMBERLEE P STREET ADDRESS 184 HUNTLEY OAKS BLVD CITY-ST-2IP LAKE PLACID, FL. 33852 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-7LP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME

12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Daylime Phone #