


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000021655 1. Entity Name MARUGEN CITRUS AMERICA, INC.	
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Principal Place of Business 305 AVENUE S.W. WINTER HAVEN, FL 33882	Mailing Address C/O MARUGEN INRYO INDUSTRY CO., LTD. 4-7-8 TACHIBANA, SUMIDA-KU TOKYO 131, JAPAN,
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03082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3432321	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHUFORD, JAMES E
305 AVE E SW
WINTER HAVEN, FL 33880

**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 reappointing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAYAMA, TAKESHI 4-7-8 TACHIBANA, SUMIDA-KU TOKYO 131, JAPAN,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABE, TAKAAKI 4-7-8 TACHIBANA, SUMIDA-KU TOKYO 131, JAPAN,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABE, ISAO 4-7-8 TACHIBANA, SUMIDA-KU TOKYO 131, JAPAN,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000084621
03/11/04-80013-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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: T Ake TAKAAKI Gbe 2-1-04 (863) 299-1183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #