FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90546 004 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000085727

1. Entity Name
B & E CITRUS, INC.

Principal Place of Business	Mailing Address
255 S. ORANGE AVE., STE. 800 CITRUS CENTER ORLANDO, FL 32801	255 S. ORANGE AVE., STE. 800 CITRUS CENTER ORLANDO, FL 32801

04212004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
111 N. Orange Ave., Ste 1800		111 N. Orange Ave.	
Suite, Apt. #, etc. Ste 1800		Suite, Apt. #, etc. Ste. 1800	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32801	Country USA	Zip 32801	Country

4. FEI Number 59-3477703 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EDWARDS, TED B
255 S ORANGE AVE SUITE 800
CITRUS CENTER
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 111 N. Orange Ave., Ste. 1800

City Orlando FL Zip Code 32801

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] 4/21/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	EDWARDS, TED B	
STREET ADDRESS	1385 RICHMOND RD.	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	☐ Delete
NAME	BARNES, WILLIAM N	
STREET ADDRESS	3028 SHERWOOD RD.	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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)(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: [signature] 4/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #