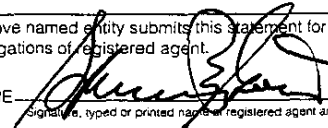
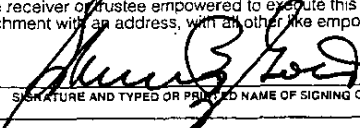


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90025 025 ***150.00

DOCUMENT # S02888 1. Entity Name SOUTHERN GARDENS CITRUS PROCESSING CORPORATION					
Principal Place of Business PO BOX 1207 CLEWISTON, FL 33440 US			Mailing Address PO BOX 1207 CLEWISTON, FL 33440 US		
2. Principal Place of Business 111 PONCE DE LEON AVENUE Suite, Apt. #, etc.		3. Mailing Address 111 PONCE DE LEON AVENUE Suite, Apt. #, etc.			
City & State CLEWISTON, FL		City & State CLEWISTON, FL		4. FEI Number 65-0316459	
Zip 33440		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COFFMAN, STEPHEN V 111 PONCE DE LEON AVENUE CLEWISTON, FL 33440			7. Name and Address of New Registered Agent Name STEVEN B. GOLD Street Address (P.O. Box Number is Not Acceptable) 111 PONCE DE LEON AVENUE City CLEWISTON FL Zip Code 33440		
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: April 20, 2004					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEFEN, LISA J 111 PONCE DE LEON AVE CLEWISTON, FL 33440	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLD, STEVEN B. 111 PONCE DE LEON AVENUE CLEWISTON, FL 33440	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUKER, JR., ROBERT H. 111 PONCE DE LEON AVE. CLEWISTON, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIDDLE, RODNEY T. 111 PONCE DE LEON AVENUE CLEWISTON, FL 33440	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WADE, JR M 111 PONCE DE LEON AVE CLEWISTON, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHAPMAN, TRISTAN 111 PONCE DE LEON AVENUE CLEWISTON, FL 33440	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS COFFMAN, STEPHEN V 111 PONCE DE LEON AVE CLEWISTON, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUCAS, CHARLES 111 PONCE DE LEON AVENUE CLEWISTON, FL 33440	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST WINE, ELLEN H 111 PONCE DE LEON AVE CLEWISTON, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERNARD, GERARD A. 111 PONCE DE LEON AVENUE CLEWISTON, FL 33440	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E DOLSON, ROBERT A 111 PONCE DE LEON AVE CLEWISTON, FL 33440	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 another like empowered.					
SIGNATURE:  DATE: April 20, 2004 Daytime Phone #					