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	Mailing Address
PO BOX 1207 CLEWISTON, FL 33440 US	PO BOX 1207 CLEWISTON, FL 33440 US

01062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
111 PONCE DE LEON AVENUE	111 PONCE DE LEON AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLEWISTON, FL	City & State: CLEWISTON, FL
Zip: 33440 Country: USA	Zip: 33440 Country: USA

4. FEI Number: 65-0316459 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COFFMAN, STEPHEN V 111 PONCE DE LEON AVENUE CLEWISTON, FL 33440	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: _____ DATE: April 20, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 all other like empowered.

SIGNATURE: _____ Date: April 20, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #