

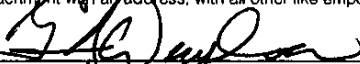


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V34193 1. Entity Name GULF CITRUS MANAGEMENT, INC.			FILED 05 JAN 31 AM 10:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA 01/18/05 90030 031 \$150.00  01142005 No Chg-P CR2E034 (10/03)
Principal Place of Business 2825 TAMiami TRAIL BUILDING C PUNTA GORDA, FL 33950		Mailing Address 2825 TAMiami TRAIL BUILDING C PUNTA GORDA, FL 33950	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent WINSLOW, GEORGE A. 2825 TAMiami TRAIL BUILDING I PUNTA GORDA, FL 33950		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	DPT WINSLOW, GEORGE A. 2825 TAMiami TRAIL, #C PUNTA GORDA, FL		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	DO NOT WRITE IN THIS SPACE		
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
		<small>Date</small>	<small>Daytime Phone #</small>