

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90029 038 \*\*\*150.00

DOCUMENT # V47172

1. Entity Name  
JUICE CONCENTRATES INTERNATIONAL, INC.



40004263



01062005 Chg-P CR2E034 (10/03)

Principal Place of Business  
889 S. TERRACE DR.  
EAGLE LAKE, FL 33839 US

Mailing Address  
PO BOX 7545  
WINTER HAVEN, FL 33883 US

2. Principal Place of Business  
889 S. Terrace Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Eagle Lake, FL  
Zip  
33839 Country  
US

City & State  
Zip  
Country

4. FEI Number  
59-3131291  
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

RICHARDSON, VICKIE  
5680 S TERRACE DR.  
EAGLE LAKE, FL 33839

Name  
Street Address (P.O. Box Number is Not Acceptable)

889 S. Terrace Dr.  
Eagle Lake FL 33839

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, 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, 2005 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  
PVST  
RICHARDSON, VICKIE  
1990 6TH TERR SE  
WINTER HAVEN, FL 33880

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
889 S. Terrace Dr.  
Eagle Lake, FL 33839

TITLE  
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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:

Vickie Richardson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/05

Date

863-294-9592

Daytime Phone #