


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

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| DOCUMENT # V62976 1. Entity Name INDIAN RIVER CITRUS TRANSPORT, INC. |  |
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| Principal Place of Business 2900 PARRISH RD. TITUSVILLE, FL 32796 | Mailing Address 2900 PARRISH RD. TITUSVILLE, FL 32796 |
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| DO NOT WRITE IN THIS SPACE |
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04102006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3143358 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent PARRISH, J. J. III 2900 PARRISH ROAD TITUSVILLE, FL 32796 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD PARRISH, III JJ 1013 INDIAN RIVER AVE. TITUSVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD PARRISH, BETTY P. 909 INDIAN RIVER AVE. TITUSVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| <p>U000000545406 05/11/06-80075-015 150.00</p> 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 exemptions contained in Chapter 119, 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:  **J.J. Parrish III** 4/28/06 321-267-1831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #