2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90379 039 ***150.00

DOCUMENT # P96000088952

1. Entity Name
MARY ASHCRAFT'S INDIAN RIVER CITRUS FRUITS, INC.

Principal Place of Business	Mailing Address
18321 RIVERSIDE FRANKLIN, MI 48025 US	4126 SEMINOLE ROYAL OAK, MI 48073 US

2. Principal Place of Business	3. Mailing Address
	18321 RIVERSIDE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: BEVERLY HILLS, MI
Zip	Zip: 48025
Country	Country: USA

04262004 Chg-P CR2E034 (10/03)

4. FEI Number: 38-3335041 — 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
LEROY E SMITH'S SONS, INC. 4776 OLD DIXIE HIGHWAY VERO BEACH, FL 32961	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ASHCRAFT, MARY L	NAME	
STREET ADDRESS	407 GREENWOOD	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, MI 48009	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ASHCRAFT, MARY L	NAME	
STREET ADDRESS	407 GREENWOOD	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, MI 48009	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	HENNEGHAN, MARY F	NAME	
STREET ADDRESS	4126 SEMINOLE	STREET ADDRESS	18321 RIVERSIDE
CITY-ST-ZIP	ROYAL OAK, MI 48073	CITY-ST-ZIP	BEVERLY HILLS, MI 48025
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ASHCRAFT, MARY L	NAME	
STREET ADDRESS	407 GREENWOOD	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, MI 48009	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: X Mary Ashcraft — X 4/27/04 (248) 723-2123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #