

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 791117

FILED
Apr 30, 2009
Secretary of State

Entity Name: CITRUS MARKETING SERVICES, INC.

Current Principal Place of Business:

3335 US 27 SOUTH
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1021
SEBRING, FL 33871 US

New Mailing Address:

FEI Number: 59-2067035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNORTON, GLORIA S
3335 US 27 SOUTH
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, L.C. J
Address: 11522 PAYNE ROAD
City-St-Zip: SEBRING, FL 33875

Title: STD () Delete
Name: BENTLEY, PATRICK T
Address: 2600 OVERLOOK DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: STD () Delete
Name: MCNORTON, GLORIA S.
Address: 5126 N. LAKE HUCKELBERRY DR.
City-St-Zip: SEBRING, FL 33875

Title: P () Delete
Name: SMITH, L.C. III
Address: 2701 CHEYENNE RD
City-St-Zip: SEBRING, FL 33875

Title: VD () Delete
Name: CLAY, WILSON
Address: 33 WALL STREET
City-St-Zip: FROSTPROOF, FL 33843

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L.C. SMITH III

Electronic Signature of Signing Officer or Director

PRES

04/30/2009

Date