

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L64307

FILED  
Mar 16, 2011  
Secretary of State

**Entity Name:** ORANGEFIELD CITRUS, INC.

**Current Principal Place of Business:**

7755 STARR LAKE RD  
BARTOW, FL 33830 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 362  
ALTURAS, FL 33820

**New Mailing Address:**

**FEI Number:** 59-3012630      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MITCHELL, ROY D  
7755 STARR LAKE ROAD  
BARTOW, FL 33830 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:** PSTD  
**Name:** MITCHELL, ROY D  
**Address:** PO BOX 362 N/A  
**City-St-Zip:** ALTURAS, FL

**Title:** D  
**Name:** OAKLEY, MILES L  
**Address:** P.O. BOX 369  
**City-St-Zip:** ALTURAS, FL 33820

**Title:** D  
**Name:** MITHCELL, KRISTINE L.  
**Address:** P.O. BOX 362  
**City-St-Zip:** ALTURAS, FL 33820

**Title:** D  
**Name:** MITCHELL, ROY D JR  
**Address:** 1584 FOXRIDGE RUN, SW  
**City-St-Zip:** WINTER HAVEN, FL 33880

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROY D. MITCHELL

PSTD

03/16/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date