

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90264 041 ***150.00

DOCUMENT # L64895

1. Entity Name

INTERIOR CITRUS MARKETING, INC.



Principal Place of Business

7755 STARR LAKE ROAD
BARTOW FL 33830
US

Mailing Address

P.O BOX 362
ALTURAS FL 33820
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3094437

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

MITCHELL, ROY D.
7755 STAR LAKE ROAD
BARTOW FL 33830

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MITCHELL, KRISTINE L.
STREET ADDRESS P.O BOX 362 N/A
CITY-ST-ZIP ALTURAS FL

TITLE D ☐ Delete
NAME OAKLEY, MILES L
STREET ADDRESS 520 1/2 HOBART AVE., NORTH
CITY-ST-ZIP BARTOW FL 33830

TITLE PST ☐ Delete
NAME MITCHELL, ROY D
STREET ADDRESS P.O BOX 362 N/A
CITY-ST-ZIP ALTURAS FL

TITLE D ☐ Delete
NAME MITCHELL, ROY D II
STREET ADDRESS PO BOX 362
CITY-ST-ZIP ALTURAS FL 33820

TITLE D ☐ Delete
NAME MIRHEN, PAM P
STREET ADDRESS 1450 LYLE PARKWAY
CITY-ST-ZIP BARTOW FL 33830

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *MITCHELL, PAM P.*
STREET ADDRESS *1450 LYLE PARKWAY*
CITY-ST-ZIP *BARTOW, FL, 33830*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy D. Mitchell

4-11-05

Date

863-537-2571

Daytime Phone #