


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90011 032 ***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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

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

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 | <input type="checkbox"/> Delete |
| NAME | MITCHELL, KRISTINE L. | |
| STREET ADDRESS | P.O BOX 362 N/A | |
| CITY-ST-ZIP | ALTURAS FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | OAKLEY, MILES L | |
| STREET ADDRESS | 520 1/2 HOBART AVE., NORTH | |
| CITY-ST-ZIP | BARTOW FL 33830 | |
| TITLE | PST | <input type="checkbox"/> Delete |
| NAME | MITCHELL, ROY D | |
| STREET ADDRESS | P.O BOX 362 N/A | |
| CITY-ST-ZIP | ALTURAS FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MITCHELL, ROY D II | |
| STREET ADDRESS | PO BOX 362 | |
| CITY-ST-ZIP | ALTURAS FL 33820 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MITCHELL, PAM P | |
| STREET ADDRESS | 1450 LYLE PARKWAY | |
| CITY-ST-ZIP | BARTOW FL 33830 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>D OAKLEY, miles L.</i> | |
| STREET ADDRESS | <i>P.O. Box 369</i> | |
| CITY-ST-ZIP | <i>ALTURAS, FL 33820</i> | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Roy D. Mitchell* **Roy D. Mitchell** 3-7-06 863-537-2571
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #