


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90019 020 \*\*\*150.00

**DOCUMENT # L64895**  
 1. Entity Name  
**INTERIOR CITRUS MARKETING, INC.**



Principal Place of Business Mailing Address  
**7755 STARR LAKE ROAD P.O BOX 362**  
**BARTOW FL 33830 ALTURAS FL 33820**  
**US US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 4. FEI Number **59-3094437** Applied For  
 Not Applicable

Zip Country Zip Country  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/07)

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	P.O. BOX 369	
CITY-ST-ZIP	ALTURAS FL 33820	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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		
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 I Date: 2-19-08 863-637-2571  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days: No Phone #