

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90029 042 ***150.00

DOCUMENT # P01000042931 1. Entity Name DIVERSIFIED CITRUS MARKETING, INC.					
Principal Place of Business 300 STATE ROAD 17 SOUTH LAKE HAMILTON, FL 33851			Mailing Address PO BOX 658 LAKE HAMILTON, FL 33851		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02042008 Chg-P CR2E034 (12/06)	
4. FEI Number 59-3724134				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHAAL, MARY 235 SIXTH STREET NW UNIT 604 WINTER HAVEN, FL 33881			7. Name and Address of New Registered Agent Name Schaal, Mary Street Address (P.O. Box Number is Not Acceptable) 111 First Street North City Dundee FL Zip Code 33838		
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 <u>Mary Schaal</u> <u>Mary Schaal</u> <u>2/11/08</u> 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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNSON, LESLIE W III 6745 WINTERSET GARDENS RD WINTER HAVEN, FL 33884 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WATSON, CHARLES 9400 W LAKE RUBY WINTER HAVEN, FL 33884 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLAHAM, STEVEN B 2823 SEQUOYAH DR. HAINES CITY, FL 33844 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RALEY, WILLIAM L JR 208 PALMOLA STREET LAKE LAND, FL 33803 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST SCHAAL, MARY 235 SIXTH STREET NW UNIT 604 WINTER HAVEN, FL 33881 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BOBBY, BAWCUM 2710 COUNTRY CLUB RD WINTER HAVEN, FL 33884 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Bobby D Bawcum</u> <u>Bobby D Bawcum</u> <u>2/05/08</u> <u>863-438-2200</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					