

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90198 050 ***150.00

DOCUMENT # P03000104396

1. Entity Name

CJ CITRUS SALES, INC.



Principal Place of Business

P.O. BOX 1329
LOXAHATCHEE FL 33470

Mailing Address

P.O. BOX 1329
LOXAHATCHEE FL 33470

2. Principal Place of Business - No P.O. Box #

P.O. Box 1329

3. Mailing Address

P.O. Box 1329

Suite, Apt. #, etc.

Loxahatchee

Suite, Apt. #, etc.

Loxahatchee

City & State

FL

City & State

FL

Zip

33470

Country

Palm Beach

Zip

33470

Country

Palm Beach

1st MOORE

CR2E034 (10/07)

4. FEI Number

26-0071044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLUMB, DOUGLAS
4001 1/2 SEMINOLE PRATT WHITNEY RD
LOXAHATCHEE FL 33470

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

Douglas W. Blumb

4/29/08

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
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 PT
NAME BLUMB, DOUGLAS
STREET ADDRESS 3945 CRYSTAL LAKE BLVD
CITY-ST-ZIP MINNEAPOLIS MN 55422 ☐ Delete

TITLE VS
NAME BLUMB, KATHLEEN J
STREET ADDRESS 3945 CRYSTAL LAKE BLVD
CITY-ST-ZIP MINNEAPOLIS MN 55422 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

Douglas W. Blumb

4/29/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #