

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000058040

Entity Name: MANUEL & SONS, CITRUS INC.

FILED
May 01, 2012
Secretary of State

Current Principal Place of Business:

229 WILLOW STREET
FELLSMERE, FL 32948

New Principal Place of Business:

Current Mailing Address:

229 WILLOW STREET
FELLSMERE, FL 32948

New Mailing Address:

FEI Number: 45-2905716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, DONNIE
912 N 21ST STREET
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: ZAMARRIPA, SAMUEL
Address: 229 WILLOW STREET
City-St-Zip: FELLSMERE, FL 32948

Title: VP,D
Name: ZAMARRIPA, EDGAR T
Address: 229 WILLOW STREET
City-St-Zip: FELLSMERE, FL 32948

Title: VP,D
Name: ZAMARRIPA, JOSE M
Address: 229 WILLOW STREET
City-St-Zip: FELLSMERE, FL 32948

Title: S,D
Name: ZAMARRIPA, CLAUDIA
Address: 229 WILLOW STREET
City-St-Zip: FELLSMERE, FL 32948

Title: T,D
Name: ZAMARRIPA, MARIA P
Address: 229 WILLOW STREET
City-St-Zip: FELLSMERE, FL 32948

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL ZAMARRIPA

P

05/01/2012

Electronic Signature of Signing Officer or Director

_____ Date