

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000065933	
1. Entity Name H & M CITRUS, INC.	

Principal Place of Business 3152 BEAUCHAMP CT WINTER HAVEN, FL 33884	Mailing Address 3152 BEAUCHAMP CT WINTER HAVEN, FL 33884
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01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3416688	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILLIAMS, ROBERT L JR. 225 E PARK AVE LAKE WALES, FL 33859

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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 _____
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCTEER, HAROLD B 3152 BEAUCHAMP CT WINTER HAVEN, FL 338841205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCTEER, MARY H 3152 BEAUCHAMP CT WINTER HAVEN, FL 338841205
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1000000189242 01/24/05-80085-023 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Mary H. McTeer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-13-2005 863-318-9558
Date Daytime Phone #