

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000034173

FILED  
Apr 26, 2010  
Secretary of State

**Entity Name:** RIVER CITRUS CARETAKING, INC.

**Current Principal Place of Business:**

398 SOUTH NARANJA  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

398 SE NARANJA AVE.  
PORT ST. LUCIE, FL 34983

**Current Mailing Address:**

398 SOUTH NARANJA  
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

398 SE NARANJA AVE.  
PORT ST. LUCIE, FL 34983

**FEI Number:** 65-0747420

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TUCKER, WILLIAM D  
735 N.E. THIRD AVE.  
FT. LAUDERDALE, FL 33304 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: HALE, JOSEPH W  
Address: 398 SOUTH NARANJA  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: S  
Name: HALE, LINDA L  
Address: 398 SOUTH NARANJA AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: V  
Name: HALE, MICHAEL A  
Address: 389 S. E. NARANJA AVE.  
City-St-Zip: PORT SAINT LUCIE, FL 34983

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: LINDA HALE

S

04/26/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date