

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000034173

FILED  
Apr 29, 2011  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: HALE, JOSEPH W  
Address: 398 SOUTH NARANJA AVENUE  
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 AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: T  
Name: SMITH, CHRISTOPHER S  
Address: 5801 PALM DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

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 L HALE

S

04/29/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date