

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000034173

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 65-0747420

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

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

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

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

Title T  
Name KUHLMAN, MANDY R  
Address 436 PENINSULA DR  
City-State-Zip: FORT PIERCE FL 34946

*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:** JOSEPH HALE

**PRESIDENT**

**04/04/2014**

Electronic Signature of Signing Officer/Director Detail

Date