

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # 139528

**1. Entity Name
LAKE COUNTY CITRUS SALES INC**



Principal Place of Business

**1428 CENTER ST.
LEESBURG, FL 34748**

Mailing Address

**P.O. BOX 490778
LEESBURG, FL 34749-0778**



01242006 No Chg-P CR2E034 (11/05)

**4. FEI Number
59-0323818**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FLOYD, WILLIAM P
1030 N. SHORE ACRES DR
LEESBURG, FL 34748**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

**000000402811
02/03/06-80023-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	FLOYD, BRUCE
STREET ADDRESS	1428 CENTER ST.
CITY-ST-ZIP	LEESBURG, FL
TITLE	PD
NAME	FLOYD, WM P. JR
STREET ADDRESS	1428 CENTER ST.
CITY-ST-ZIP	LEESBURG, FL
TITLE	VP
NAME	CHRISTOPHER B. FLOYD
STREET ADDRESS	1428 CENTER ST.
CITY-ST-ZIP	LEESBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/25/06 352
787-1604**