

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 192245

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA LIME & AVOCADO GROWERS, INC.

**Current Principal Place of Business:**

12981 TREELINE  
NORTH FORT MYERS, FL 33903 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 9229  
FT MYERS, FL 33902 US

**New Mailing Address:**

**FEI Number:** 59-0186655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SKINNER, KAREN A  
12981 TREELINE COURT  
NORTH FT. MYERS, FL 33903 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: DVT  
Name: SKINNER, KAREN A  
Address: 12981 TREELINE COURT  
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: DP  
Name: MCBRIDE, GALE  
Address: 12981 TREELINE CRT  
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: DS  
Name: MCBRIDE, DANIEL S  
Address: 12981 TREELINE CRT  
City-St-Zip: NORTH FORT MYERS, FL 33903 US

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: KAREN A. SKINNER

DVT

01/04/2011

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

\_\_\_\_\_  
Date