

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 275299

1. Entity Name
ADAMS CITRUS NURSERY, INC.



Principal Place of Business

STATE ROAD 544 EAST
HAINES CITY, FL 33844

Mailing Address

P.O. BOX 1505
HAINES CITY, FL 33845 US

DO NOT WRITE IN THIS SPACE



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1026500

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, WILLIAM G.
ST. RD. 544 EAST
HAINES CITY, FL 33844

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, WILLIAM G ST. RD. 544 EAST HAINES CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IMBER, WANDA L. ST. RD. 544 EAST HAINES CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ADAMS, GUSTA LEE ST. RD. 544 EAST HAINES CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, ALAN ST. RD. 544 E. HAINES CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIVINGSTON, LIVIA ST. RD. 544 E. HAINES CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, BRENDA ST RD 544 E HAINES CITY, FL

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01/28/05-80040-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Wanda Imber Wanda Imber 1-25-05 863 434-152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #