



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90190 030 ***150.00

DOCUMENT # 283802 1. Entity Name SUNCREST CITRUS, INC.					
Principal Place of Business 157 HOMEWOOD CT WINTER HAVEN, FL 33880 US				Mailing Address 157 HOMEWOOD CT WINTER HAVEN, FL 33880 US	
2. Principal Place of Business 409 E. Horseshoe Ln.		3. Mailing Address 409 E. Horseshoe Ln.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092006 Chg-P CR2E034 (11/05)	
City & State Winter Haven, FL		City & State Winter Haven, FL		4. FEI Number 59-1105197	
Zip 33881		Country USA		Applied For Not Applicable	
Zip 33881		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRAMONTIN, MARY ELLEN 157 HOMEWOOD CT WINTER HAVEN, FL 33880				7. Name and Address of New Registered Agent Name Tramontin, Mary Ellen Street Address (P.O. Box Number is Not Acceptable) 409 E. Horseshoe Ln. City Winter Haven FL Zip Code 33881	
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: <u>Mary Ellen Tramontin</u> DATE: <u>1/09/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRAMONTIN, MARY ELLEN 157 HOMEWOOD CT WINTER HAVEN, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Tramontin, Mary Ellen 409 E. Horseshoe Lane Winter Haven, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BUDD, LINDA 3107 S TURKEY CREEK RD PLANT CITY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Budd, Linda 4710 Budd Farms Lane Plant City, FL 33566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Mary Ellen Tramontin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1/09/06</u> Daytime Phone #: <u>863-293-8048</u>		