

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 283802

1. Entity Name
SUNCREST CITRUS, INC.



Principal Place of Business
**409 E. HORSESHOE LN.
WINTER HAVEN, FL 33881 US**

Mailing Address
**409 E. HORSESHOE LN.
WINTER HAVEN, FL 33881 US**



04052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1105197

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TRAMONTIN, MARY ELLEN
409 E. HORSESHOE LN.
WINTER HAVEN, FL 33881**

**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, 2008 Fee will be \$550.00**

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

U00000890778
04/22/08-80109-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRAMONTIN, MARY ELLEN 409 E. HORSESHOE LN. WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BUDD, LINDA 47110 BUDD FARMS LN. PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Mary E. Tramontin (Mary E. Tramontin) 4/04/08 614-2045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #