

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 291420

FILED
Apr 24, 2009
Secretary of State

Entity Name: W.A. WILLIAMS CITRUS NURSERY & SERVICE, INC.

Current Principal Place of Business:

10 LAKE BYRD BLVD.
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

10 LAKE BYRD BLVD.
AVON PARK, FL 33825

New Mailing Address:

FEI Number: 59-1101680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, WENDELL
10 LAKE BYRD BLVD
AVON PK, FL 33825 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: GUERNDT, AMY E.
Address: 1014 S. TODD DRIVE
City-St-Zip: AVON PARK, FL

Title: P () Delete
Name: WILLIAMS, WENDELL
Address: 10 LAKE BYRD BLVD
City-St-Zip: AVON PARK, FL

Title: T () Delete
Name: WESTER, CINDY
Address: 102 E. MONROE ST.
City-St-Zip: AVON PARK, FL

Title: D () Delete
Name: WILLIAMS, LILLITH
Address: 102 E. MONROE STREET
City-St-Zip: AVON PARK, FL

Title: V () Delete
Name: WILLIAMS, JEFFREY W.
Address: 63 NORTH HIGHLANDS AVE.
City-St-Zip: AVON PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: WILLIAMS, WENDELL
Address: 10 LAKE BYRD BLVD
City-St-Zip: AVON PARK, FL

Title: T (X) Change () Addition
Name: WESTER, CINDY
Address: 102 E. MONROE ST.
City-St-Zip: AVON PARK, FL

Title: D (X) Change () Addition
Name: WILLIAMS, LILLITH
Address: 102 E. MONROE STREET
City-St-Zip: AVON PARK, FL

Title: VP (X) Change () Addition
Name: WILLIAMS, JEFFERY W
Address: 63 NORTH HIGHLANDS AVE.
City-St-Zip: AVON PARK, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WENDELL WILLIAMS

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date