

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 307744

FILED
Apr 18, 2009
Secretary of State

Entity Name: HUBERT GRAVES CITRUS, INC.

Current Principal Place of Business:

4 SEA GULL AVE
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 6190
VERO BEACH FLA, 32961 US

New Mailing Address:

PO BOX 6190
VERO BEACH, FL 32961 US

FEI Number: 59-1147842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAVES JR, HUBERT
4 SEA GULL AVE
VERO BEACH, FL 32960 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: SD () Delete
Name: GRAVES, JEANNE S
Address: 4 SEAGULL AVE
City-St-Zip: VERO BEACH, FL 32960

Title: PD () Delete
Name: GRAVES JR, HUBERT
Address: 4 SEAGULL AVE
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: HOOVER, JANIE GRAVES
Address: 1410 46TH AVE
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: GRAVES, JULIA A.
Address: 1446 19TH PEACE
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: BARTLETT, JEANE GRAVES
Address: 1646 51 COURT
City-St-Zip: VERO BEACH, FL 32966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: GRAVES, JEANE S
Address: 4 SEAGULL AVE
City-St-Zip: VERO BEACH, FL 32960

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

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

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

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

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: A. JULIA GRAVES

MS.

04/18/2009

Electronic Signature of Signing Officer or Director

Date