


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 360489 1. Entity Name FRED N. DUNN CITRUS NURSERY, INC.	
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Principal Place of Business 3620 TAYSIDE COURT APOPKA, FL 32712	Mailing Address 3620 TAYSIDE COURT APOPKA, FL 32712 US
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01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1292897	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNN, ROBERT K
3620 TAYSIDE COURT
APOPKA, FL 32712

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DUNN, ROBERT K. 3620 TAYSIDE COURT APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUNN, FRED NATHAN 1643 SILVER FOX CIRCLE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKINSON, BRENDA 1429 HIGHLAND DR. TALLAHASSEE, FL 32311
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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01/16/07-80056-007 150.00

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 persons empowered.

SIGNATURE: X  1-12-07 407 579-1617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #