

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 371502

Entity Name: H. & S. CITRUS, INC.

FILED  
Jan 09, 2007  
Secretary of State

## Current Principal Place of Business:

1237 GROSE ROAD  
FT PIERCE, FL 349826575

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1870  
FT PIERCE, FL 34954

## New Mailing Address:

FEI Number: 59-1302798

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CEMER, JOHN  
689 WETHERBEE ROAD  
FORT PIERCE, FL 34982 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: TD ( ) Delete  
Name: DEERY, ROBERT L,  
Address: 7717 WEXFORD WAY  
City-St-Zip: PORT ST LUCIE, F 34986

Title: PD ( ) Delete  
Name: CEMER, JOHN S.,  
Address: 689 WETHERBEE ROAD  
City-St-Zip: FORT PIERCE, FL 34982

Title: SD ( ) Delete  
Name: DEERY, LOIS,  
Address: 7717 WEXFORD WAY  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: VPD ( ) Delete  
Name: BROWN, GEORGE,  
Address: 4910 RALLS ROAD  
City-St-Zip: FORT PIERCE, FL 34954

Title: D ( ) Delete  
Name: EVANS, CONNIE,  
Address: 689 WETHERBEE ROAD  
City-St-Zip: FORT PIERCE, FL 34982

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN S. CEMER

RA

01/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date