

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 371502

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

FILED
Feb 03, 2009
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
2900 SYLVAN TERRACE
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: 2900 SYLVAN TERRACE
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 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: GEORGE B. BROWN

VPD

02/03/2009

Electronic Signature of Signing Officer or Director

Date