

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90017 031 ***150.00

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01232007 Chg-P CR2E034 (12/06)

DOCUMENT # 393042 1. Entity Name SOUTHERN CITRUS NURSERIES, INC.					
Principal Place of Business LAKE TRASK ROAD P.O. BOX 970 DUNDEE, FL 33838			Mailing Address LAKE TRASK ROAD P.O. BOX 970 DUNDEE, FL 33838		
2. Principal Place of Business - No P.O. Box # 5600 LAKE TRASK ROAD		3. Mailing Address 5600 LAKE TRASK ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DUNDEE, FL		City & State DUNDEE, FL		4. FEI Number 59-1377057	
Zip 33838		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THAYER, THOMAS S 1895 ELOISE LOOP RD WINTER HAVEN, FL 33884			7. Name and Address of New Registered Agent Name THAYER, THOMAS JR Street Address (P.O. Box Number is Not Acceptable) 3305 EAGLE TRACE City WINTER HAVEN, FL Zip Code 33884		
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THAYER, THOMAS JR 113 LK MARIAM WAY WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THAYER, THOMAS JR 3305 EAGLE TRACE WINTER HAVEN, FL 33884 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THAYER, SUSAN P.O. BOX 1849 DUNDEE, FL 33838 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUNSON, VIRGINIA P.O. BOX 7771 WINTER HAVEN, FL 33883 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
SIGNATURE: _____ 2/1/07 <small>SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					