

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 393042

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: SOUTHERN CITRUS NURSERIES, INC.

## Current Principal Place of Business:

5600 LAKE TRASK RD.  
DUNDEE, FL 33838

## New Principal Place of Business:

## Current Mailing Address:

1895 ELOISE LOOP ROAD  
WINTER HAVEN, FL 33884

## New Mailing Address:

P. O. BOX 970  
DUNDEE, FL 33838

FEI Number: 59-1377057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THAYER, THOMAS JR.  
1895 ELOISE LOOP ROAD  
WINTER HAVEN, FL 33884 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: P ( ) Delete  
Name: THAYER, THOMAS JR  
Address: 1895 ELOISE LOOP ROAD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: S ( ) Delete  
Name: THAYER, SUSAN  
Address: P.O. BOX 1849  
City-St-Zip: DUNDEE, FL 33838

Title: T ( ) Delete  
Name: DUNSON, VIRGINIA  
Address: P.O. BOX 7771  
City-St-Zip: WINTER HAVEN, FL 33883

## 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:

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: THOMAS A THAYER JR

P

03/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date