

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 393042

**FILED**  
**Jan 05, 2010**  
**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:**

P. O. BOX 970  
DUNDEE, FL 33838

**New Mailing Address:**

**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  
**Name:** THAYER, THOMAS JR  
**Address:** 1895 ELOISE LOOP ROAD  
**City-St-Zip:** WINTER HAVEN, FL 33884

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** THOMAS A THAYER JR

P

01/05/2010

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

\_\_\_\_\_  
Date