

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT #461381**

1. Entity Name  
**HIGHLANDS CITRUS, INC.**



Principal Place of Business

**7 N.E. 7TH STREET  
P.O. BOX 58  
FT. MEADE, FL 33841**

Mailing Address

**7 N.E. 7TH STREET  
P.O. BOX 58  
FT. MEADE, FL 33841**



01182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1552044</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DEVANE, FLOYD  
301 NE THIRD STREET  
FT MEADE, FL 33841**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CREWS, MELISSA
STREET ADDRESS	719 POPASH ROAD
CITY-STATE-ZIP	WAUCHULA, FL 33873

TITLE	ST
NAME	DEVANE, JOYCE
STREET ADDRESS	301 NE THIRD ST
CITY-STATE-ZIP	FORT MEADE FL,

TITLE	VP
NAME	DEVANE, FLOYD K SR
STREET ADDRESS	301 NE 3RD STREET
CITY-STATE-ZIP	FORT MEADE, FL 33841

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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03/08/06-80030-007 150.00

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: Floyd K. Devane, Sr.** *Floyd K. Devane* **2-17-06** (863) 285-9503  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #