

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 A
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**



02222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1552044

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	P CREWS, MELISSA
STREET ADDRESS	719 POPASH ROAD
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE NAME	ST DEVANE, JOYCE
STREET ADDRESS	301 NE THIRD ST
CITY-ST-ZIP	FORT MEADE FL,
TITLE NAME	VP DEVANE, FLOYD K SR
STREET ADDRESS	301 NE 3RD STREET
CITY-ST-ZIP	FORT MEADE, FL 33841
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/30/07-80099-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-21-07 (863) 285-9503