

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 461381

Entity Name: HIGHLANDS CITRUS, INC.

FILED
Apr 25, 2009
Secretary of State

Current Principal Place of Business:

7 N.E. 7TH STREET
FT. MEADE, FL 33841

New Principal Place of Business:

719 POPASH RD.
WAUCHULA, FL 33873

Current Mailing Address:

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

New Mailing Address:

719 POPASH RD.
WAUCHULA, FL 33873

FEI Number: 59-1552044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVANE, FLOYD
301 NE THIRD STREET
FT MEADE, FL 33841 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: CREWS, MELISSA
Address: 719 POPASH ROAD
City-St-Zip: WAUCHULA, FL 33873

Title: D () Delete
Name: DEVANE, JOYCE
Address: 301 NE THIRD ST
City-St-Zip: FORT MEADE, FL 33841

Title: VP () Delete
Name: DEVANE, FLOYD K SR
Address: 301 NE 3RD STREET
City-St-Zip: FORT MEADE, FL 33841

Title: ST () Delete
Name: DEVANE, SANDRA A
Address: 912 N.E. 9TH STREET
City-St-Zip: FT. MEADE, FL 33841

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:

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: MELISSA C CREWS

P

04/25/2009

Electronic Signature of Signing Officer or Director

Date