


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90063 037 ***150.00

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DOCUMENT # 622238		
1. Entity Name PAUL CITRUS, INC.		
Principal Place of Business 2020 DUNDEE ROAD WINTERHAVEN FL 33884-1103		Mailing Address 2020 DUNDEE ROAD WINTERHAVEN FL 33884-1103
2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>P O Box 898</i>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State		02272007 Chg-P CR2E034 (12/06)
City & State <i>WINTER HAVEN FL</i>		4. FEI Number 59-1931648
Zip	Country	Applied For Not Applicable
<i>33882</i>	<i>POLK</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
PAUL, EUGENE S 2020 DUNDEE ROAD WINTER HAVEN, FL		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		FL Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PAUL, EUGENE S <input type="checkbox"/> Delete 11 LAKE ELOISE DRIVE WINTER HAVEN, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, BRYAN W <input checked="" type="checkbox"/> Delete 5701 FT. DENAUD ROAD ALVA, FL 33920	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PAUL, J.R. JR <input type="checkbox"/> Delete LIVE OAK LANE LABELLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <i>Eugene S Paul</i>		Date: <i>3/1/07</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>863 293-9906</i> <small>Daytime Phone #</small>