2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 670865

1. Entity Name
WHEELER CITRUS, INC.

Principal Place of Business	Mailing Address
6015 HARRELL NURSERY ROAD LAKELAND, FL 33813	6011 HARRELL NURSERY RD LAKELAND, FL 33813

DO NOT WRITE IN THIS SPACE

02072007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2017655	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JUDD, GRADY
6015 HARRELL NURSERY ROAD
LAKELAND, FL 33813

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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	PD
NAME	GRADY, JUDD
STREET ADDRESS	6011 HARRELL NURSERY RD
CITY-ST-ZIP	LAKELAND, FL 33813

TITLE	
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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: _Grady C. Judd 3/8/07 6473676_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #