


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 790931 1. Entity Name LAKE PLACID CITRUS COOPERATIVE	
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Principal Place of Business 111 EAST PARK STREET LAKE PLACID, FL 33852 US	Mailing Address 111 EAST PARK STREET LAKE PLACID, FL 33852 US
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DO NOT WRITE IN THIS SPACE



07062006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1109414	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHERMAN, LISA 111 EAST PARK STREET LAKE PLACID, FL 33852

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000569638 07/12/06-80006-019 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMOAK, JOHN F JR 1025 SR 17 NORTH LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHARLES L. REYNOLDS, JR. 521 LAKE FRANCIS RD. LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V M.C. WATTERS, JR. 2220 CR. 17 N. LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DRESSEL, RANDY 111 EAST PARK STREET LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 617, 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: X Randy Dressel 7/7/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #