


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F26642</b>		
1. Entity Name GEORGE MASON CITRUS, INC.		
Principal Place of Business 140 HOLMES AVE P.O. BOX 39 LAKE PLACID, FL 33852	Mailing Address P O BOX 39 P.O. BOX 39 LAKE PLACID, FL 33862-0039 US	



01162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2168102	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  MASON, GEO. P., JR. 509 LAKE MIRROR DR LAKE PLACID, FL 33852		<b>DO NOT WRITE IN THIS SPACE</b>

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 Geo. P. Mason, Jr. Marilyn Smoak Mason 01/23/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MASON, MARILYN SMOAK 509 LAKE MIRROR DR LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASON, GEO P JR 509 LAKE MIRROR DR LAKE PLACID, FL
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01/30/08-80005-014 150.00

**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: Marilyn Smoak Mason 01/23/07 863 465-2031  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Del Daytime Phone #