

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F55135

1. Entity Name
BROWNLEE CITRUS, INC.



Principal Place of Business

1705 SAMMONDS ROAD (33567)
P.O. BOX 1660
PLANT CITY, FL 33564

Mailing Address

1705 SAMMONDS ROAD (33567)
P.O. BOX 1660
PLANT CITY, FL 33564

FILED
Feb 14, 2007 08:00 AM
Secretary of State



01312007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-2136585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWNLEE, JAMES R.
706 N EVERS ST.
PLANT CITY, FL 33566

**DO NOT WRITE
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

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	S
NAME	BROWNLEE, PATTI
STREET ADDRESS	706 N. EVERS ST.
CITY - ST - ZIP	PLANT CITY, FL
TITLE	P
NAME	BROWNLEE, JAMES R
STREET ADDRESS	706 N. EVERS ST.
CITY - ST - ZIP	PLANT CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/22/07-80025-017 150.00

**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: Patti Brownlee Patti Brownlee 2-12-07 813-752-1818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR