2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F68274

CUSTOM CITRUS CARE, INC

FILED Apr 26, 2006 Secretary of State

Entity Name: CUSTOM CITRUS CARE, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
20440 MAF LABELLE,	RSHALL FIELI FL 33935	D ROAD US			
Current Mailing Address:			New Mailing Address:		
P O BOX 3 LABELLE,			P O BOX 3026 LABELLE, FL 33975	FL	
FEI Number:	59-2178991	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
POOL, DA 20440 MAF LABELLE,	RSHALL FIELI	O RD US			
The above in the State	named entity of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	V (POOL, DANIEI 2161 SEBAST ALVA, FL 339	AN COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	POOL, ELAINE) Delete : M. ALL FIELD RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	PD (POOL, DANIEI) Delete _ J SR	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DANIEL J POOL SR P 04/26/2006

20440 MARSHALL FIELD RD

LABELLE, FL

Address:

City-St-Zip: