

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F68274

FILED
Jan 26, 2010
Secretary of State

Entity Name: CUSTOM CITRUS CARE, INC.

Current Principal Place of Business:

20440 MARSHALL FIELD ROAD
LABELLE, FL 33935 US

New Principal Place of Business:

1665 MARSHALL FIELD ROAD
LABELLE, FL 33935 US

Current Mailing Address:

P O BOX 3026
LABELLE, FL 33975 FL

New Mailing Address:

FEI Number: 59-2178991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOL, DANIEL J
20440 MARSHALL FIELD RD
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

POOL, DANIEL J
1665 MARSHALL FIELD RD
LABELLE, FL 33935 US

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.

SIGNATURE:

01/26/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V
Name: POOL, DANIEL J. JR.
Address: 2161 SEBASTIAN COURT
City-St-Zip: ALVA, FL 33920

Title: T
Name: POOL, ELAINE M.
Address: 1665 MARSHALL FIELD RD
City-St-Zip: LABELLE, FL

Title: PD
Name: POOL, DANIEL J SR
Address: 1665 MARSHALL FIELD RD
City-St-Zip: LABELLE, FL

I hereby 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 all other like empowered.

SIGNATURE: DANIEL J. POOL SR.

PD

01/26/2010

Electronic Signature of Signing Officer or Director

Date