

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F68274

FILED  
Mar 19, 2012  
Secretary of State

**Entity Name:** CUSTOM CITRUS CARE, INC.

**Current Principal Place of Business:**

1665 MARSHALL FIELD ROAD  
LABELLE, FL 33935 US

**New Principal Place of Business:**

**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  
1665 MARSHALL FIELD RD  
LABELLE, FL 33935 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: V  
Name: POOL, DANIEL J. JR.  
Address: 450 CALOOSA DRIVE  
City-St-Zip: LABELLE, FL 33935

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.

PRES

03/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date