

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F76182

FILED  
Feb 03, 2010  
Secretary of State

Entity Name: LARRY FLOOD CITRUS, INC.

**Current Principal Place of Business:**

50 N ORANGE AVE  
FROSTPROOF, FL 33843

**New Principal Place of Business:**

**Current Mailing Address:**

50 N ORANGE AVE  
P.O. BOX 1146  
FROSTPROOF, FL 33843

**New Mailing Address:**

P. O. BOX 1146  
FROSTPROOF, FL 33843

FEI Number: 59-2179610

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FLOOD, LUCILLE B.  
1861 CR 630 W  
FROSTPROOF, FL 33843 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FLOOD, LARRY R  
Address: 370 B STREET W  
City-St-Zip: FROSTPROOF, FL

Title: PD  
Name: FLOOD, LUCILLE B  
Address: 1861 CR 630 W  
City-St-Zip: FROSTPROOF, FL 00000,

Title: SD  
Name: FLOOD, FREDERICK C.  
Address: 338 W F STREET  
City-St-Zip: FROSTPROOF, FL

Title: D  
Name: BEALS, LYNN FLOOD  
Address: 9606 OLD FARM RAOD  
City-St-Zip: WOODWAY, TX 76712

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: LUCILLE B FLOOD

PD

02/03/2010

Electronic Signature of Signing Officer or Director

Date