

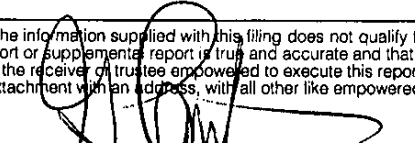


FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # F77014				Secretary of State		
1. Entity Name CIRCLE H CITRUS, INC.						
Principal Place of Business 3500 SHINN RD FT PIERCE, FL 34945 US		Mailing Address PO BOX 14049 FT PIERCE, FL 34979				
DO NOT WRITE IN THIS SPACE						
		04222007 No Chg-P CR2E034 (11/05)				
		4. FEI Number 59-2226225		Applied For Not Applicable		
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PANTUSO, GEORGE T 3415 S INDIAN RIVER DR FT PIERCE, FL 34982		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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PANTUSO, GEORGE T. 3415 S. INDIAN RIVER DR FT PIERCE, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DAUGHTREY, MARVIN R. 10637 PINECONE LN FT. PIERCE, FL 34945					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PANTUSO, SUSAN D 3415 S. INDIAN RIVER DR. FT. PIERCE, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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.		U000000732566 05/09/07-80051-003 150.00				
SIGNATURE: 		4/23/07 772 461 8868				
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #				