

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # F77014

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



03292008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2226225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PANTUSO, GEORGE T.
STREET ADDRESS 3415 S. INDIAN RIVER DR
CITY-ST-ZIP FT PIERCE, FL

TITLE M
NAME DAUGHTREY, MARVIN R.
STREET ADDRESS 10637 PINECONE LN
CITY-ST-ZIP FT. PIERCE, FL 34945

TITLE V
NAME PANTUSO, SUSAN D
STREET ADDRESS 3415 S. INDIAN RIVER DR.
CITY-ST-ZIP FT. PIERCE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000977867
04/14/08-80032-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-08 772 4618868