

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90217 026 ***150.00

DOCUMENT # F96000004692

1. Entity Name

LOUIS DREYFUS CITRUS INC.



Principal Place of Business

355 S 9TH STREET
WINTER GARDEN FL 34787-3651

Mailing Address

355 S 9TH STREET
WINTER GARDEN FL 34787-3651

2. Principal Place of Business - No P.O. Box #

Attn: Randal Freeman

Suite, Apt. #, etc.

P.O. Box 770399

City & State

Winter Garden, FL

Zip

34777-0399

Country

USA

3. Mailing Address

c/o Corp. Tax Dept.

Suite, Apt. #, etc.

20 Westport Road

City & State

Wilton, CT

Zip

06897-0810

Country

USA

1st MOORE

CR2E034 (10/07)

4. FEI Number

22-3219406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DSVF ☐ Delete
NAME FREEMAN, RANDAL G
STREET ADDRESS 20 WESTPORT RD. - PO BOX 810
CITY- ST- ZIP WILTON CT 06897

TITLE DVP ☐ Delete
NAME HAHN, PETER R
STREET ADDRESS 355 S 9TH ST
CITY- ST- ZIP WINTER GARDEN FL 34787

TITLE VP ☐ Delete
NAME WOLKIN, HAL
STREET ADDRESS 20 WESTPORT RD. - PO BOX 810
CITY- ST- ZIP WILTON CT 06897

TITLE VPT ☐ Delete
NAME GRAY, RICHARD D
STREET ADDRESS 20 WESTPORT RD POB 810
CITY- ST- ZIP WILTON CT 06897-0810

TITLE DSVF ☐ Delete
NAME TOMLIN, L R
STREET ADDRESS 355 SOUTH 9TH ST
CITY- ST- ZIP WINTER GARDEN FL 34787

TITLE S ☐ Delete
NAME LISTNER, ELIZABETH J
STREET ADDRESS 20 WESTPORT ROAD
CITY- ST- ZIP WILTON CT 06897-0810

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 355 S 9th Street
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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 Section 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 empowers.

SIGNATURE:

Jeffrey Zanchelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey Zanchelli

4/29/08

(203) 761-4654

Date

Daytime Phone #