

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # G06007

1. Entity Name
AMERICAN CITRUS CORPORATION



Principal Place of Business
26651 SW BAY RD
BONITA SPRS., FL 34134 US

Mailing Address
% KATHERINE C. SAPP
26651 BAY ROAD S.W.
BONITA SPRS., FL 34134 US



04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2240267

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAPP, KATHERINE C.
26651 S.W. BAY ROAD
BONITA SPRS., FL 34134

**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 PV
NAME SAPP, KATHERINE C.
STREET ADDRESS 26651 BAY ROAD S.W.
CITY-ST-ZIP BONITA SPRS., FL 34134

TITLE ST
NAME SAPP, KATHERINE C.
STREET ADDRESS 26651 BAY ROAD S.W.
CITY-ST-ZIP BONITA SPRS., FL 34134

TITLE D
NAME DALTON, V E
STREET ADDRESS 26651 BAY ROAD SW
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000322233
05/15/08-80037-024 150.00

**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:

Katherine C. Sapp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2008 *239 992 3711*
Date Daytime Phone #