


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90021 038 \*\*\*150.00

DOCUMENT # <b>G77339</b>	
1. Entity Name <b>CITRUS TRUCKING COMPANY</b>	

Principal Place of Business <b>1626 90TH AVENUE P.O. BOX 370 VERO BEACH FL 32961</b>	Mailing Address <b>P O BOX 370 VERO BEACH FL 32961</b>
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2. Principal Place of Business - No P.O. Box # <b>21 Royal Palm Pointe</b>	3. Mailing Address
Suite, Apt. #, etc. <b>Suite 201</b>	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State <b>Vero Beach, FL 32960</b>	City & State
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4. FEI Number <b>59-2354406</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32960</b>	Country <b>USA</b>	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>LUTHER, JOHN M 1626 90TH AVENUE VERO BEACH FL 32966</b>	
<b>21 Royal Palm Pointe Suite 201 Vero Beach, FL 32960</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 registering.) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <b>KAHLE, GEORGE A</b> <b>6020 SW 5TH STREET</b> <b>VERO BEACH FL 32968</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>DC</b> <b>RICHARDSON, DNAFORTH K</b> <b>1035 ST JAMES CIR</b> <b>VERO BEACH FL 32967</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <b>HOPKINS, CARTER W</b> <b>1580 GRACEWOOD LN.</b> <b>VERO BEACH FL 32963</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <b>RICHARDSON, MARJORIE H</b> <b>1035 ST JAMES CIR</b> <b>VERO BEACH FL 32967</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PD</b> <b>LUTHER, JOHN M</b> <b>555 S A1A</b> <b>VERO BEACH FL 32963</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>ASD</b> <b>LUTHER, NANCY R</b> <b>555 S A1A HIGHWAY</b> <b>VERO BEACH FL 32963</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <b>KAHLE, SANDRA R.</b> <b>6020 SW - 5th Street</b> <b>Vero Beach, FL 32968</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>DAT</b> <b>HOPKINS, SUSAN R.</b> <b>21 Royal Palm Pointe - Suite 201</b> <b>Vero Beach, FL 32960</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <b>HOPKINS, CARTER W.</b> <b>21 Royal Palm Pointed -Suite 201</b> <b>Vero Beach, FL 32960</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>ST</b> <b>PEREZ, TOMAS RENE</b> <b>2019 Cortez Avenue</b> <b>Vero Beach, FL 32960</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

**SIGNATURE:**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Tomas Rene Perez, Treasurer**

April 16th, 2007 772-567-1151  
 Date Daytime Phone #