

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90009 047 ***150.00

DOCUMENT # G93723

1. Entity Name

L.O. CITRUS, INC.



Principal Place of Business

1890 98TH AVENUE
VERO BEACH FL 32966
US

Mailing Address

P.O. BOX 690772
VERO BEACH FL 32969
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LYSNE, S.G.
109 PRESTWICK CIRCLE
VERO BEACH FL 32967

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, 2005 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 P
NAME ORTH, JAMES N
STREET ADDRESS 3045 10TH COURT
CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

TITLE D
NAME ORTH, LAURA M.
STREET ADDRESS 3045 10TH COURT
CITY-ST-ZIP VERO BEACH FL 32960 ☒ Delete *deceased*

TITLE ST
NAME LYSNE, S.G.
STREET ADDRESS 109 PRESTWICK CIRCLE
CITY-ST-ZIP VERO BEACH FL 32967 ☐ Delete

TITLE D
NAME LYSNE, GWENN O.
STREET ADDRESS 109 PRESTWICK CIRCLE
CITY-ST-ZIP VERO BEACH FL 32967 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *S. G. Lysne*, S. G. LYSNE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-05, 772-562-2715

Date

Daytime Phone #