2006 FOR PROFIT CORPORATION

Feb 02, 2006 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # G93723** 02-02-2006 90034 025 ***150.00 1. Entity Name L.O. CITRUS, INC. Principal Place of Business Mailing Address 1890 98TH AVENUE P.O. BOX 690772 VERO BEACH, FL 32966 VERO BEACH, FL 32969 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01122006 Cha-P CR2E034 (11/05) City & State Applied For City & State 4. FEI Number 59-2408996 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ORTH LYSNE, S.G. 109 PRESTWICK CIRCLE VERO BEACH, FL 32967 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 DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition ORTH, JAMES N NAME 3045 10TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-ZIP Delete Change ☐ Addition TITLE Lysne, S.G 109 Prestwick Circle LYSNE, S.G. NAME NAME STREET ADDRESS 109 PRESTWICK CIRCLE STREET ADDRESS Vero Beach FL 23967 CITY-ST-ZIP VERO BEACH, FL 32967 CITY-ST-ZIP Delete Change MA Addition TITLE TITLE Williams, Lynn L 5870 Glen Eagle Lanc LYSNE, GWENN O. NAME NAME STREET ADDRESS 109 PRESTWICK CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH, FL 32967 Vero Beach FL 33967 **MLA**ddition TITLE ☐ Delete TITLE ☐ Change miller, mary 0 1106 Jath Adenue NAME NAME STREET ADDRESS STREET ADDRESS vero Beach FL 32960 CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

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