


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # G93723 1. Entity Name L.O. CITRUS, INC.	
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Principal Place of Business 1890 98TH AVENUE VERO BEACH, FL 32966 US	Mailing Address P.O. BOX 690772 VERO BEACH, FL 32969 US
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DO NOT WRITE IN THIS SPACE



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2408996	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTH, JAMES N
3045 10TH CT
VERO BEACH, FL 32960

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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORTH, JAMES N 3045 10TH COURT VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYSNE, S G 109 PRESTWICK CIR VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIAMS, LYNN L 5870 GLEN EAGLE LN VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, MARY O 1106 29TH AVE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/19/07-80012-011 150.00

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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: LYNN L WILLIAMS
Lynn L Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1/16/07 Daytime Phone # 772-562-0715