

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G93723

Entity Name: L.O. CITRUS, INC.

FILED  
Apr 16, 2009  
Secretary of State

## Current Principal Place of Business:

1890 98TH AVENUE  
VERO BEACH, FL 32966 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 690772  
VERO BEACH, FL 32969 US

## New Mailing Address:

FEI Number: 59-2408996

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ORTH, JAMES N  
Address: 3045 10TH COURT  
City-St-Zip: VERO BEACH, FL 32960

Title: D (X) Delete  
Name: LYSNE, S G  
Address: 109 PRESTWICK CIR  
City-St-Zip: VERO BEACH, FL 32967

Title: ST ( ) Delete  
Name: WILLIAMS, LYNN L  
Address: 5870 GLEN EAGLE LN  
City-St-Zip: VERO BEACH, FL 32967

Title: D ( ) Delete  
Name: MILLER, MARY O  
Address: 1106 29TH AVE  
City-St-Zip: VERO BEACH, FL 32960

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES N ORTH

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date