## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 24, 2008 08:00 A Secretary of State DOCUMENT # H06662 1. Entity Name TOM THAYER CITRUS, INC. Principal Place of Business Mailing Address 119 WODEN WY PO BOX 1849 WINTER HAVEN, FL 33884 DUNDEE, FL 33838 01082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2434848 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THAYER, THOMAS A. DO NOT WRITE 135 E. MAIN ST. DUNDEE, FL 33838 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 000000888154 9. Election Campaign Financing \$5.00 May Be 04/08/08-80100-006 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE THAYER, THOMAS A. NAME 119 WODEN WY STREET ADDRESS WINTER HAVEN, FL 33884 CITY-ST-ZIP TITLE NAME THAYER, ANN STREET ADDRESS 119 WODEN WY CITY-ST-ZIP WINTER HAVEN, FL 33884 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davima Phone #

FILED