

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90084 034 ***150.00

DOCUMENT # J38285

1: Entity Name

SAND HILL CITRUS, INC.



Principal Place of Business

70 COLONY DRIVE NORTH
ELLENTON FL 34222

Mailing Address

70 COLONY DRIVE NORTH
ELLENTON FL 34222

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2723308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERWITZ, HOWARD C.
70 COLONY DRIVE NORTH
ELLENTON FL 34222

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, 2004 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	D	<input type="checkbox"/> Delete
NAME	GERWITZ, HOWARD	
STREET ADDRESS	70 COLONY DRIVE NORTH	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	D	<input type="checkbox"/> Delete
NAME	GERWITZ, DAVID	
STREET ADDRESS	ROUTE #5, BOX 1100	
CITY-ST-ZIP	GLOUCESTER VA 23061	(SAME RESIDENCE - COUNTRY NAMED ST.)
TITLE	DVP	<input type="checkbox"/> Delete
NAME	D'ANGELO, DENNIS	
STREET ADDRESS	412 RUGBY RD	
CITY-ST-ZIP	ROSLYN NY 11576	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KESTER, MILES	
STREET ADDRESS	9908 SANDPIPER ROAD	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERWITZ, DAVID	
STREET ADDRESS	7243 WILSONE CIRCLE	
CITY-ST-ZIP	GLOUCESTER, VA. 23061	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: HOWARD GERWITZ *Howard Gerwitz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-04 941-
322-0725