

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J46676

Entity Name: C. R. STEVENS CITRUS, INC.

FILED
Feb 26, 2009
Secretary of State

Current Principal Place of Business:

POST OFFICE BOX 974
ZOLFO SPRINGS, FL 33890

New Principal Place of Business:

292 N HOLLANDTOWN ROAD
WAUCHULA, FL 33873 US

Current Mailing Address:

POST OFFICE BOX 974
ZOLFO SPRINGS, FL 33890

New Mailing Address:

P.O. BOX 974
ZOLFO SPRINGS,, FL 33890 US

FEI Number: 59-2746412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, C.R. JR.
PARNELL ROAD
POST OFFICE BOX 974
ZOLFO SPRINGS, FL 33890 US

Name and Address of New Registered Agent:

STEVENS, C.R. JR.
PARNELL ROAD # 652
ZOLFO SPRINGS, FL 33890 US

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: CHARLES R STEVENS, JR

02/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: STEVENS, C.R. JR.,
Address: PARNELL RD #652
City-St-Zip: ZOLFO SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: STEVENS, CHARLES R., JR
Address: PARNELL RD #652
City-St-Zip: ZOLFO SPRINGS, FL

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: CHARLES R STEVENS, JR

PSD

02/26/2009

Electronic Signature of Signing Officer or Director

Date