
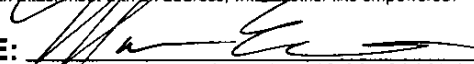


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90066 037 ***150.00

DOCUMENT # K10205 1. Entity Name R & J CITRUS NURSERY AND TREE PLANTING, INC.					
Principal Place of Business C/O MARION ESPOSITO 2219 PALMVIEW CIRCLE AUBURNDALE, FL 33823			Mailing Address C/O MARION ESPOSITO 2219 PALMVIEW CIRCLE AUBURNDALE, FL 33823		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc. 111 6TH ST N.W.			Suite, Apt. #, etc. 9482 WATERFORD OAKS DRIVE		
City & State WINTER HAVEN FL			City & State WINTER HAVEN FL		
Zip 33881		Country Polk		Zip 33884	
Country Polk		4. FEI Number 59-2866591			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESPOSITO, MARION 2219 PALM VIEW CIRCLE AUBURNDALE, FL 33823			7. Name and Address of New Registered Agent Name ESPOSITO MARION Street Address (P.O. Box Number is Not Acceptable) 9482 WATERFORD OAKS DRIVE City WINTER HAVEN FL Zip Code 33884		
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  MARION ESPOSITO 3/20/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ESPOSITO, MARION 2219 PALMVIEW CIRCLE AUBURNDALE, FL 33823	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ESPOSITO, JOSEPH 2219 PALM VIEW CIRCLE AUBURNDALE, FL 33823	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			
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: 		3/20/07 863-293-6747 <small>Date Daytime Phone #</small>			