

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90067 018 \*\*\*150.00

<b>DOCUMENT # M70931</b> 1. Entity Name <b>GULF CITRUS PROPERTIES, INC.</b>					
Principal Place of Business <b>PO BOX 51-2116</b> <b>PUNTA GORDA, FL 33951-2116</b>			Mailing Address <b>PO BOX 51-2116</b> <b>PUNTA GORDA, FL 33951-2116</b>		
2. Principal Place of Business - No P.O. Box # <b>5377 Duncan Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 512116</b> Suite, Apt. #, etc.			
City & State <b>Punta Gorda, FL</b>		City & State (blank)		4. FEI Number <b>65-0033130</b>	
Zip <b>33982</b>		Country <b>Charlotte</b>		5. Certificate of Status Desired: <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WNSLOW, GEORGE A.</b> <b>1855 HUNTER CREEK DR.</b> <b>PUNTA GORDA, FL 33982</b>				7. Name and Address of New Registered Agent Name <b>Winslow, George A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5377 Duncan Rd</b> City <b>Punta Gorda, FL</b> Zip Code <b>33982</b>	
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:  DATE: <b>4-18-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VS <b>WNSLOW, GEORGE A.</b> <b>1855 HUNTER CREEK DR.</b> <b>PUNTA GORDA, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>P.O. Box 512116</b> <b>Punta Gorda, FL 33951-2116</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(blank)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(blank)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(blank)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 in all other like empowered.					
SIGNATURE: 			DATE: <b>4-18-07</b> (941) 575-1505		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					