


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90189 038 ***150.00

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| DOCUMENT # M83354 1. Entity Name W/W CITRUS COMPANY |  |
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|---|--|
| Principal Place of Business 6700 S FLORIDA AVE STE 1 LAKELAND, FL 33813 US | Mailing Address P O BOX 7220 LAKELAND, FL 33807 US |
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DO NOT WRITE IN THIS SPACE



04242008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2893030 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

ELLSWORTH, S. M
6700 SOUTH FLORIDA AVENUE
SUITE 1
LAKELAND, FL 33813

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD ELLSWORTH, S M 6700 S FLORIDA AVE STE 1 LAKELAND, FL 33813 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD BADCOCK, M E 6700 S FLORIDA AVE STE 1 LAKELAND, FL 33813 |
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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: Suzanne M. Ellsworth 4-24-08 863 647-5123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #