## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M97951

Entity Name: ARCADIA CITRUS, INC.

FILED Apr 29, 2009 Secretary of State

y		O111100, 1110.					
Current Principal Place of Business:				New Principal Place of Business:			
ONE WOODLAND DR PUNTA GORDA, FL 33982				2323 SANDY PINE DRIVE PUNTA GORDA, FL 33982			
Current Mailing Address:				New Mailing Address:			
ONE WOODLAND DR PUNTA GORDA, FL 33982				2323 SANDY PINE DRIVE PUNTA GORDA, FL 33982			
FEI Number:	65-0071506	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Status De	sired()
Name and	Address of Cu	rrent Registered Agent:		Name and	Address of Ne	ew Registered Ager	nt:
SAFRON, ELWOOD P. 2323 SANDY PINE DRIVE PUNTA GORDA, FL 33982 US				SAFRON, ELWOOD P 2323 SANDY PINE DRIVE PUNTA GORDA, FL 33982 US			
The above in the State		ibmits this statement for the pu	irpose o	f changing it	s registered off	fice or registered age	ent, or both,
SIGNATURE: ELWOOD P. SAFRON				04/29/2009			
Election Carr		o Signature of Registered Agen  Trust Fund Contribution ( ).	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () E SAFRON, ELWO ONE WOODLANI PUNTA GORDA,	D DR.		Title: Name: Address: City-St-Zip:	PD (X) SAFRON, ELWO 2323 SANDY PIN PUNTA GORDA,	NE DRIVE	
Title: Name: Address: City-St-Zip:	DST () E JOHNS, ALFRED ONE WOODLANI PUNTA GORDA,	D DR.		Title: Name: Address: City-St-Zip:	VPD (X) V JOHNS, KEVIN A 3840 BORDEAU PUNTA GORDA,	X DRIVE	
Title: Name: Address: City-St-Zip:	VP ()[ SAFRON, JOHN   12155 EISENHO PORT CHARLOT	WER DRIVE		Title: Name: Address: City-St-Zip:	( ) (	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	VP () C SAFRON, PHILIF 2470 N.E. SISTIN PORT CHARLOT	NA STREET	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	SD () C STEPHENSON, C 796 BIRDIE VIEW SANIBEL, FL 33	N POINT	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	T () 0 MANLEY, GAIL V 22130 MALONE PORT CHARLOT	AVENUE	

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: ELWOOD P. SAFRON PD 04/29/2009