2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2008 08:00 AN Secretary of State DOCUMENT # P00000012138 E & H CITRUS, INC. Principal Place of Business Mailing Address 1019 SHERRY WOOD STREET 1019 SHERRY WOOD STREET FERN PARK, FL 32730 FERN PARK, FL 32730 No Chg-P CR2E034 (11/05) 04012008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3633024 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent RAINEY, HARRY H DO NOT WRITE 1019 SHERRY WOOD STREET FERN PARK, FL 32730 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE RAINEY, HARRY H NAME STREET ADDRESS 1019 SHERRY WOOD STREET CITY-ST-ZIP FERN PARK, FL 32730 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CiTY-ST-ZiP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE

12. Thereby 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRI

PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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407-331-6463

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Daytime Phone ≠