

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000055405

Entity Name: LMC CITIZEN'S BRANCH, INC.

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

21299 US HWY 27
LAKE WALES, FL 33859

New Principal Place of Business:

Current Mailing Address:

PO BOX 3737
LAKE WALES, FL 33859

New Mailing Address:

P.O. BOX 3737
LAKE WALES, FL 33859

FEI Number: 59-1004757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, DAVID A
21299 US HWY 27
LAKE WALES, FL 33859 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD (X) Delete
Name: WILSON, P T
Address: 122 MOUNTAIN LAKE ESTATES
City-St-Zip: LAKE WALES, FL 33853

Title: PD () Delete
Name: CRADDOCK, F. HOOD
Address: 223 LAKE LINK ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: WILSON, PATRICIA
Address: 2200 N SCENIC HWY
City-St-Zip: BABSON PARK, FL 33827

Title: VSTD () Delete
Name: WILSON, CLAYTON G
Address: 65 MOUNTAIN LAKE ESTATES
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: F. HOOD CRADDOCK

P

01/21/2009

Electronic Signature of Signing Officer or Director

Date