

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000088128

Entity Name: SANDERSON CITRUS, INC.

FILED  
Jan 20, 2005  
Secretary of State

## Current Principal Place of Business:

175 N RIFLE RAND RD  
WINTER HAVEN, FL 33880

## New Principal Place of Business:

175 N RIFLE RANGE RD  
WINTER HAVEN, FL 33880

## Current Mailing Address:

PO BOX 51  
EAGLE LAKE, FL 33839

## New Mailing Address:

FEI Number: 59-3671270

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOMPKINS, CHRISTOPHER II  
1706 SOUTH KINGS AVE  
BRANDON, FL 335116216 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: DST ( ) Delete  
Name: SANDERSON, DEE  
Address: 175 N RIFLE RAND RD  
City-St-Zip: WINTER HAVEN, FL 33880

Title: DP ( ) Delete  
Name: SANDERSON, SONNY  
Address: 175 N RIFLE RAND RD  
City-St-Zip: WINTER HAVEN, FL 33880

Title: DV ( ) Delete  
Name: SANDERSON, STEVE  
Address: 175 N RIFLE RAND RD  
City-St-Zip: WINTER HAVEN, FL 33880

## 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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DEE SANDERSON

DST

01/20/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date