## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000115304

Entity Name: CITRUS ELITE OF FLORIDA, INC.

FILED Jan 10, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2001 THOMPSON NURSERY ROAD LAKE WALES, FL 33859

Current Mailing Address: New Mailing Address:

PO BOX 1594

WINTER HAVEN, FL 33882

FEI Number: 59-3691765 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHUFORD, JAMES E 2001 THOMPSON NURSERY ROAD LAKE WALES, FL 33859 US

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

## **OFFICERS AND DIRECTORS:**

Title: DPST

Name: ABE, TAKAAKI

Address: 2001 THOMPSON NURSERY ROAD

City-St-Zip: LAKE WALES, FL 33880

Title: VSTD

Name: SHUFORD, JAMES E

Address: 2001 THOMPSON NURSERY ROAD

City-St-Zip: LAKE WALES, FL 33859

Title: DV

Name: HIROAKI, ABE

Address: 2001 THOMPSON NURSERY ROAD

City-St-Zip: LAKE WALES, FL 33859

Title: CFO

Name: MOORE, EDWARD C

Address: 2001 THOMPSON NURSERY ROAD

City-St-Zip: LAKE WALES, FL 33859

Title: DV Name: ABE, ISAO

Address: 2001 THOMPSON NURSERY ROAD

City-St-Zip: LAKE WALES, FL 33859

I hereby 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 all other like empowered.

SIGNATURE: EDWARD C MOORE CFO 01/10/2011