

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000115304

FILED
Sep 25, 2012
Secretary of State

Entity Name: CITRUS ELITE OF FLORIDA, INC.

Current Principal Place of Business:

2001 THOMPSON NURSERY ROAD
LAKE WALES, FL 33859

New Principal Place of Business:

Current Mailing Address:

PO BOX 1594
WINTER HAVEN, FL 33882

New Mailing Address:

FEI Number: 59-3691765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MOORE, EDWARD C
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: EDWARD C MOORE

09/25/2012

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

09/25/2012

Electronic Signature of Signing Officer or Director

Date