

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000042931

FILED
Apr 10, 2009
Secretary of State

Entity Name: DIVERSIFIED CITRUS MARKETING, INC.

Current Principal Place of Business:

300 STATE ROAD 17 SOUTH
LAKE HAMILTON, FL 33851

New Principal Place of Business:

Current Mailing Address:

PO BOX 658
LAKE HAMILTON, FL 33851

New Mailing Address:

FEI Number: 59-3724134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAAL, MARY
111 FIRST ST N.
DUNDEE, FL 33838 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: D () Delete
Name: DUNSON, LESLIE W III
Address: 6745 WINTERSET GARDENS RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: DST () Delete
Name: WATSON, CHARLES
Address: 9400 W LAKE RUBY
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: CALLAHAM, STEVEN B
Address: 2823 SEQUOYAH DR.
City-St-Zip: HAINES CITY, FL 33844

Title: CD () Delete
Name: RALEY, WILLIAM L JR
Address: 208 PALMOLA STREET
City-St-Zip: LAKELAND, FL 33803

Title: AST () Delete
Name: SCHAAL, MARY
Address: 235 SIXTH STREET NW UNIT 604
City-St-Zip: WINTER HAVEN, FL 33881

Title: PRES () Delete
Name: BOBBY, BAWCUM
Address: 2710 COUNTRY CLUB RD
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: DUNSON, LESLIE W III
Address: 6745 WINTERSET GARDENS RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: D (X) Change () Addition
Name: WATSON, CHARLES
Address: 9400 W LAKE RUBY
City-St-Zip: WINTER HAVEN, FL 33884

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: MARY SCHAAL

AST

04/10/2009

Electronic Signature of Signing Officer or Director

Date