

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90220 012 ***150.00

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| DOCUMENT # P01000117573 1. Entity Name REINTS CITRUS CARETAKING, INC. |  |
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|--|--|
| Principal Place of Business 511 ELGIN ST SEBRING, FL 33875 | Mailing Address 511 ELGIN ST SEBRING, FL 33875 |
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40000000



04282008 No Chg-P CR2E034 (11/05)

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|---|-----------------------------------|
| 4. FEI Number 30-0032302 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

REINTS, GREG
511 ELGIN ST
SEBRING, FL 33870

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Greg Reints* DATE: 4/28/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D REINTS, GREG 511 ELGIN ST SEBRING, FL 33870 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D REINTS, ADELE 511 ELGIN ST SEBRING, FL 33870 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Adele Reints* DATE: 4/28/08 863-385-0215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #