

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000099823

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** SOUTHRIDGE CITRUS NURSERY, INC.

**Current Principal Place of Business:**

260 KARLSON RD  
VENUS, FL 33960

**New Principal Place of Business:**

**Current Mailing Address:**

3049 PLACID VIEW DR  
LAKE PLACID, FL 33852

**New Mailing Address:**

**FEI Number:** 56-2310344

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAMELA T. KARLSON, P.A.  
301 DAL HALL BLVD  
LAKE PLACID, FL 33852 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KARLSON, DOUGLAS R  
Address: 3049 PLACID VIEW DR  
City-St-Zip: LAKE PLACID, FL 33852

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: DOUGLAS R. KARLSON

D

04/24/2012

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

\_\_\_\_\_  
Date