2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000092367

KEHRIG, JAMES VP

TAVARES, FL 32778

() Delete

705 JUNIPER WAY

KEHRIG, DIANE S

705 JUNIPER WAY

TAVARES, FL 32778

MRS.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: CITRUS FARMS MANAGEMENT, INC.

FILED Jan 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2309 BAYWATER RD TAVARES, FL 32778 **Current Mailing Address: New Mailing Address:** 2309 BAYWATER RD TAVARES, FL 32778 FEI Number: 20-0176084 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: DANCKAERT, RICHARD E 2309 BAYWATER RD TAVARES, FL 32778 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: MRS () Delete Title: () Change () Addition DANCKAERT, MARIA E T Name: Name: 2309 BAYWATER ROAD Address: Address: City-St-Zip: TAVARES, FL 32778 City-St-Zip: Title: Title: () Delete () Change () Addition Name: DANCKAERT, RICHARD E P Name: 2309 BAYWATER ROAD Address: Address: TAVARES, FL 32778 City-St-Zip: City-St-Zip: () Delete Title: Title: MR () Change () Addition

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: MARIA E. DANCKAERT T 01/25/2009

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