## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000123021

Entity Name: SAN ANDROS CITRUS, INC.

FILED Feb 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 2457 650 NORTH ROCK ROAD FT. PIERCE, FL 34954 FT. PIERCE, FL 34945

Current Mailing Address: New Mailing Address:

P.O. BOX 2457 P.O. BOX 2457

FT. PIERCE, FL 34954 US

FEI Number: 20-0349280 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:

JACOBS, DARYL

650 N ROCK ROAD

FORT PIERCE, FL 34945 US

FOWLER, MICHAEL D

650 N ROCK ROAD

FT PIERCE, FL 34954 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: MICHAEL D. FOWLER 02/18/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 JACOBS, DARYL
 Name:
 SCOTT, KENNETH T

 Address:
 650 N.ROCK RD.
 Address:
 P O BOX 2457

City-St-Zip: FT PIERCE, FL 34945 City-St-Zip: FT PIERCE, FL 34954 US

 Name:
 SCOTT, KENNETH
 Name:
 SCOTT, WAYNE A

 Address:
 650 N ROCK ROAD
 Address:
 P O BOX 2457

City-St-Zip: FORT PIERCE, FL 34945 City-St-Zip: FT PIERCE, FL 34954 US

Title: O ( ) Delete Title: S (X) Change ( ) Addition Name: SCOTT, WAYNE Name: SCOTT, WAYNE A

Address: 650 N ROCK ROAD Address: P O BOX 2457

City-St-Zip: FORT PIERCE, FL 34945 City-St-Zip: FT PIERCE, FL 34954 US

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: KENNETH T. SCOTT P 02/18/2009