

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90020 017 ***150.00

DOCUMENT # P04000038309

1. Entity Name
ALL CITRUS REALTY, INC.



Principal Place of Business
**3255 EAST GULF TO LAKE HWY
INVERNESS, FL 34453 US**

Mailing Address
**PO BOX 188
INVERNESS, FL 34451-0188 US**

40027210



DO NOT WRITE IN THIS SPACE

02112008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0792846

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WHEELER, JOHN F
3255 E. GULF TO LAKE HWY
INVERNESS, FL 34453**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PVPD
NAME	WHEELER, JOHN F
STREET ADDRESS	PO BOX 188
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	STD
NAME	WHEELER, MARGARET M
STREET ADDRESS	P.O. BOX 188
CITY-ST-ZIP	INVERNESS, FL 344510188
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/08

Date

352-726-0973

Daytime Phone #