

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000171163

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: DOUBLE D CITRUS DEALERS INC

**Current Principal Place of Business:**

1504 HWY 557A  
POLK CITY, FL 33868

**New Principal Place of Business:**

**Current Mailing Address:**

1504 HWY 557A  
POLK CITY, FL 33868 US

**New Mailing Address:**

FEI Number: 20-1994976

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GREEN, PAMELA A  
1104 CYPRESS GARDENS BLVD  
SUITE D  
WINTER HAVEN, FL 33884 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PATE, DENNIS D JR  
Address: 880 BUENA VISTA DR  
City-St-Zip: LAKE ALFRED, FL 33850 US

Title: VP ( ) Delete  
Name: PATE, DANIEL  
Address: 1310 LOOP RD  
City-St-Zip: AUBURNDALE, FL 33825

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DENNIS D PATE JR

P

04/24/2009

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

\_\_\_\_\_  
Date