2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2008 08:00 A]

DOCUMENT # P06000041869 1. Entity Name LENNON CITRUS MANAGEMENT, INC.					;	Secreta	ry of St
Principal Place of Business 2701 DEAN RIDGE ROAD ORLANDO, FL 32825		Mailing Address 2701 DEAN RIDGE ROAD ORLANDO, FL 32825			18/11 1 /41 8 4/11 8 4/11 8 4/11		
	O NOT WRITE	IN THIS SPA	CF	01082008	No Chg-P	CR2E034 (11	/05)
				4. FE! Number 20-454			Applied For Not Applicable Additional
<i>)</i>	6. Name and Address of Current Re		ly a regular to	J. Contineato		Fee Re	equired
2701 DEAL ORLANDO	WILLIAM M JR. N RIDGE ROAD D, FL 32825 named entity submits this statement for the control of registered agent.		ed office or register		NOT W	ACE	with and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable. (NOTE Registers	d Agent signature required	wnen reinstating)		DATE ·	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			**	.00 May Be led to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P LENNON, WILLIAM M JR. 2701 DEAN RIDGE ROAD ORLANDO, FL 32825 VP	RECTORS			19° - 1 ' 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	786150	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	LENNON, KIMBERLY K 2701 DEAN RIDGE ROAD ORLANDO, FL 32825					80028-024	150.10
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				13 14:50	NOT W THIS SE	" " i i i i i i i i i i i i i i i i i i	

:12. I hereby certify that the information supplied with this filling 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

TITLE NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14.08 401.384-141