



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90010 023 ***150.00

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|--|--|---|---|---|--|
| DOCUMENT # P06000065261 1. Entity Name FIRST CHOICE OF CITRUS, INC | | | |  | |
| Principal Place of Business 1577 E. HEARTFORD ST. INVERNESS, FL 34453 | | | Mailing Address 1577 E. HEARTFORD ST. INVERNESS, FL 34453 | | |
| 2. Principal Place of Business - No P.O. Box # 1577 E. HEARTFORD ST | | 3. Mailing Address 1577 E HEARTFORD ST | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03062007 Chg-P CR2E034 (12/06) | |
| City & State | | City & State | | 4. FEI Number 20-4691621 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SZYMCAK, REBECCA 1577 E. HEARTFORD ST. INVERNESS, FL 34453 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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 <u>Rebecca Symczak</u> <small>Signature, typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reappointing)</small> | | | | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE D <input type="checkbox"/> Delete NAME SZYMCAK, REBECCA STREET ADDRESS 1577 E. HEARTFORD ST. CITY-ST-ZIP INVERNESS, FL 34453 | | | | TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE D <input type="checkbox"/> Delete NAME SZYMCAK, CHESTER STREET ADDRESS 1577 E. HEARTFORD ST. CITY-ST-ZIP INVERNESS, FL 34453 | | | | TITLE Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
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| 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: <u>Rebecca Symczak</u> Date: <u>MAR 9, 2007</u> Daytime Phone #: <u>352 634 4880</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |