

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90042 021 ***150.00

DOCUMENT # P07000005565

1. Entity Name
DARRYL'S FAMILY CITRUS NURSERY, INC.



Principal Place of Business
**808 APTHORP AVENUE
LAKE PLACID, FL 33852 US**

Mailing Address
**POST OFFICE BOX 944
LAKE PLACID, FL 33862 US**

40060706



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222008 Chg-P CR2E034 (12/06)

4. FEI Number

20-8242115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WIRICK, JENNIFER B
808 APTHORP AVENUE
LAKE PLACID, FL 33852**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. *Jennifer B. Wirick, Secretary*

SIGNATURE

Jennifer B. Wirick, Secretary

4-1-08

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	PD	<input type="checkbox"/> Delete
NAME	WIRICK, DARRYL A.	
STREET ADDRESS	808 APTHORP AVENUE	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WIRICK, DANIEL SR.	
STREET ADDRESS	POST OFFICE BOX 944	
CITY-ST-ZIP	LAKE PLACID, FL 33862	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WIRICK, JENNIFER B.	
STREET ADDRESS	808 APTHORP AVENUE	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WIRICK, C. DIANE	
STREET ADDRESS	POST OFFICE BOX 944	
CITY-ST-ZIP	LAKE PLACID, FL 33862	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

C. Diane Wirick, Treasurer
C. Diane Wirick, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/08 (863) 414-1626

Date

Daytime Phone #