


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90033 011 \*\*\*150.00

<b>DOCUMENT # P07000121642</b> 1. Entity Name <b>FARKAS &amp; FUSSELL CITRUS NURSERY, INC.</b>					
Principal Place of Business <b>GREENHOUSES 5707 CONNELL ROAD (TURKEY CREEK) PLANT CITY, FL 33567</b>			Mailing Address <b>GREENHOUSES 5707 CONNELL ROAD (TURKEY CREEK) PLANT CITY, FL 33567</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>40 LOUIS FARKAS</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>2303 S. FORBES RD.</b>			
City & State		City & State <b>PLANT CITY FL</b>		4. FEI Number <b>26-1687471</b>	
Zip <b>33566</b>	Country <b>Hills.</b>	5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>DICKINSON, ROBERT A 460 S INDIANA AVE ENDLEWOOD, FL 34223</b>				7. Name and Address of New Registered Agent Name <b>LOUIS FARKAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2303 S. FORBES RD</b> City <b>PLANT CITY</b> <b>FL</b> Zip Code <b>33566</b>	
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. <b>LOUIS FARKAS, V.P.</b> SIGNATURE <u><i>Louis Farkas</i></u> DATE <b>April 21, 2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FARKAS, LOUIS</b> <b>2303 S FORBER ROAD</b> <b>PLANT CITY, FL 33566</b>	<input type="checkbox"/> Delete	TITLE <b>DV</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FUSSELL, HUBERT D</b> <b>5540 CONNELL ROAD</b> <b>PLANT CITY, FL 33567</b>	<input type="checkbox"/> Delete	TITLE <b>DP</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>T</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MARY ANN FUSSELL</b> <b>5540 CONNELL RD.</b> <b>PLANT CITY FL 33567</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>S</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PEGGY W. FARKAS</b> <b>2303 S. FORBES RD.</b> <b>PLANT CITY FL 33566</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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><i>Peggy W Farkas</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>PEGGY W. FARKAS - SECRETARY</b> <b>APRIL 21, 2008</b>		<b>(813)</b> <b>752-3349</b> <small>Daytime Phone #</small>	