

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000121642

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: FARKAS & FUSSELL CITRUS NURSERY, INC.

## Current Principal Place of Business:

GREENHOUSES 5707 CONNELL ROAD  
(TURKEY CREEK)  
PLANT CITY, FL 33567

## New Principal Place of Business:

## Current Mailing Address:

C/O LOUIS FARKIS  
2303 S. FORBES RD  
PLANT CITY, FL 33566

## New Mailing Address:

C/O LOUIS FARKAS  
2303 S. FORBES RD  
PLANT CITY, FL 33566

FEI Number: 26-1687471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FARKAS, LOUIS  
2303 S. FORBES RD  
PLANT CITY, FL 33566 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: DV ( ) Delete  
Name: FARKAS, LOUIS  
Address: 2303 S FORBER RD  
City-St-Zip: PLANT CITY, FL 33566

Title: DP ( ) Delete  
Name: FUSSELL, HUBERT D  
Address: 5540 CONNELL ROAD  
City-St-Zip: PLANT CITY, FL 33567

Title: T ( ) Delete  
Name: FUSSELL, MARY A  
Address: 5540 CONNELL RD  
City-St-Zip: PLANT CITY, FL 33567

Title: S ( ) Delete  
Name: FARKAS, PEGGY  
Address: 2303 S. FORBES RD  
City-St-Zip: PLANT CITY, FL 33566

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change ( ) Addition  
Name: FARKAS, LOUIS  
Address: 2303 S FORBES RD  
City-St-Zip: PLANT CITY, FL 33566

Title: DP (X) Change ( ) Addition  
Name: FUSSELL, HUBERT D. S, R.  
Address: 5540 CONNELL ROAD  
City-St-Zip: PLANT CITY, FL 33567

Title: T (X) Change ( ) Addition  
Name: FUSSELL, MARY ANN  
Address: 5540 CONNELL RD  
City-St-Zip: PLANT CITY, FL 33567

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: LOUIS FARKAS

VP

02/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date