

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000107193

Entity Name: CONTRACT CITRUS CARE, INC.

FILED
Mar 19, 2012
Secretary of State

Current Principal Place of Business:

1665 MARSHALL FIELD ROAD
LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:
POST OFFICE BOX 3026
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 45-4098601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOL, DANIEL J JR.
2161 SEBASTIAN COURT
ALVA, FL 33920 US

Name and Address of New Registered Agent:

POOL, DANIEL J JR.
450 CALOOSA DRIVE
LABELLE, FL 33935 US

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:

03/19/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: POOL, DANIEL J JR.
Address: 450 CALOOSA DRIVE
City-St-Zip: LABELLE, FL 33935 US

Title: VPD
Name: POOL, DANIEL J SR.
Address: POST OFFICE BOX 3026
City-St-Zip: LABELLE, FL 33975 US

Title: SD
Name: POOL, ELAINE M
Address: POST OFFICE BOX 3026
City-St-Zip: LABELLE, FL 33975 US

Title: TD
Name: POOL, ALISON W
Address: 450 CALOOSA DRIVE
City-St-Zip: LABELLE, FL 33935 US

I hereby 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 all other like empowered.

SIGNATURE: DANIEL J POOL JR.

PD

03/19/2012

Electronic Signature of Signing Officer or Director

Date