

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000107193

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** CONTRACT CITRUS CARE, INC.

**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