

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P13395	
1. Entity Name AMERICAN CITRUS PRODUCTS CORPORATION	
Principal Place of Business 865 EAST 22ND STREET UNIT 422 LOMBARD, IL 60148	Mailing Address P.O. BOX 9333 LOMBARD, IL 60148-9333



FILED
Jul 22, 2008 08:00 AM
Secretary of State



07172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3216431	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR STE 4 WESTON, FL 33331
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IN THIS SPACE**

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.

SIGNATURE _____
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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC LANG, HENRY S. P.O. BOX 9333 LOMBARD, IL 60148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO AKMAN, TASKIN P.O. BOX 9333 LOMBARD, IL 60148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANG, CAROLYN P.O. BOX 9333 LOMBARD, IL 60148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GMGR SULLIVAN, MATT JR 166 SANDY PINES DRIVE PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000955884
07/22/08-80010-002 150.00

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IN THIS SPACE**

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: J. Taskin Akman TASKIN AKMAN 7/17/08 630.705.5701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #