

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P35979

1. Entity Name  
SUN GROWN CITRUS, INC.



FILED

06 APR 28 AM 11:23

FEDERAL OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1857 KELLER ROAD  
P. O. BOX 208  
FT MEADE, FL 33841 US

Mailing Address

701 HARGER ROAD  
SUITE 190  
OAK BROOK, IL 60523 US



04042006 No Chg-P CR2E034 (11/05) 06

DO NOT WRITE IN THIS SPACE

4. FEI Number  
36-3779440

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOUTHERN BAKERIES, INC.  
ATTN: ARTHUR KRANTZ  
3355 W. MEMORIAL BLVD.  
LAKELAND, FL 33801

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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  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V  
NAME SCHUSTER, STEPHEN M  
STREET ADDRESS 701 HARGER ROAD STE 190  
CITY-ST-ZIP OAK BROOK, IL

TITLE T  
NAME KRANTZ, ARTHUR H.  
STREET ADDRESS 701 HARGER ROAD, #190  
CITY-ST-ZIP OAK BROOK, IL

TITLE VD  
NAME GUSTAFSON, F. EDWARD  
STREET ADDRESS 701 HARGER ROAD, #190  
CITY-ST-ZIP OAK BROOK, IL

TITLE P  
NAME BARNETT, JOHN CONNALLY  
STREET ADDRESS 1857 KELLER ROAD  
CITY-ST-ZIP FT MEADE, FL

TITLE D  
NAME KELLY, DONALD P  
STREET ADDRESS 701 HARGER RD. STE. 190  
CITY-ST-ZIP OAK BROOK, IL 60523

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000074327190  
05/10/06--01012--002 \*\*1250.00

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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: *Stephen M. Schuster* Stephen M. Schuster, VP 13 APR 06 630-575-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #