2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 06, 2007 08:00 AM Secretary of State

ANNUAL REPURT						C4 CC4-			
DOCUMENT # P93000016618						20	ecretary	ot Sta	
1. Entity Name SCOTT CITRUS MANAGEMENT, INC.									
SCOTT CITROS MANAGEMENT, INC.									
Principal Pla	ace of Business	Mailing Address		1					
	ROAD NORTH	P O BOX 2457							
FT PIERCE,	, FL 34945 US	FT PIERCE, FL 34954	US						
4.00					340,000	- 41- OL- D	0000004 (44)	<u> </u>	
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		EINTHIOO		UE	4. FEI Num			Applied For	
						38750	\$9.75	Not Applicable Additional	
14/14/20					5. Certifica	te of Status Desirod	Fee Req		
	6. Name and Address of Curr	rent Registered Agent		K. W. Jan					
FOWLER, MICHAEL D				MEGENE !					
650 ROCK ROAD NO					שעייייי	NOT W	KILE	A STATE	
FTPIERO	DE, FL 34954				in.	THIS SP	MCE		
. <u>-</u>		STATES STATES			7000 <u>14 5.</u>				
8 The above the obliga	e named entity submits this statemer ations of registered agent.	nt for the purpose of changing its re	gistere	d office or reg	istered agent, or b	oth, in the State of Flo	rida. I am familier w	ith, and accept	
SIGNATURE.									
·	* Signature, typed or printed name of registered ac	gent and title if applicable. (NOTE: R	legistered	/ Agent signature rec	quired when reinstating)		DATE		
FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.					\$5.00 May Be Added to Fees				
10. `	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS		WHITE SE	The state of the state of	3 2 3 3 5 6 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		- 1900 Marie 1	
TITLE	P SCOTT KENNETH T		_						
NAME STREET ADDRESS	SCOTT, KENNETH T 2150 SNEED RD		I	22		tortule Light	BIFFOR A		
CITY-ST-ZIP	FT PIERCE, FL						化的技术		
TITLE	SVP	***************************************					624458		
NAME	SCOTT, WAYNE A			经		1244417	0.4402 80034-005	เร็ก การ	
STREET ADDRESS CITY-ST-ZIP	1809 BAYSHORE DRIVE			A STREAM					
	FT PIERCE, FL								
TITLE NAME	SCOTT, ALFRED W		Į						
STREET ADDRESS	365 NIEUPORT DR		Į			NAT W			
CITY-ST-ZIP	VERO BEACH, FL					NOT WI	KILE		
TITLE	Т				SE IN	THIS SP	ACE		
NAME STREET ADDRESS	SCOTT, DAN C		I						
CITY-ST-ZIP	1901 S INDIAN RIVER DR		_: [
TITLE	· · · · · · · · · · · · · · · · · · ·							And the second s	
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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 attactument with an actoress, with all other like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

HIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13101

Daytime Phone #