


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90044 037 \*\*\*150.00

<b>DOCUMENT # P93000027796</b> 1. Entity Name <b>DEES' CITRUS, INC.</b>						
Principal Place of Business <b>10216 SILVERADO CIRCLE</b> <b>BRADENTON, FL 34202 US</b>			Mailing Address <b>10216 SILVERADO CIRCLE</b> <b>BRADENTON, FL 34202 US</b>			
2. Principal Place of Business - No P.O. Box # <b>526 Washington St.</b>		3. Mailing Address <b>P.O. Box 642</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State <b>Arcadia, FL</b>		City & State <b>Arcadia, FL</b>		4. FEI Number <b>65-0411094</b>		
Zip <b>34266</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
Zip <b>34265</b>		Country <b>US</b>		6. Name and Address of Current Registered Agent <b>DEES, R L - -</b> <b>10216 SILVERADO CIR</b> <b>BRADENTON, FL 34202</b>		
7. Name and Address of New Registered Agent Name <b>Dees, R.L.</b>		Street Address (P.O. Box Number is Not Acceptable) <b>526 Washington St.</b>				
City <b>Arcadia</b>		FL		Zip Code <b>34266</b>		
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 <u><i>R L Dees</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>1/9/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEES, RL 10216 SILVERADO CIR BRADENTON, FL 34202		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RL Dees 526 Washington St. Arcadia, FL 34266	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HALVERSON, DEBORAH A 1346 NE HANSEL AVE ARCADIA, FL 34268		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>R L Dees</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>1/9/08</u>		
				Daytime Phone # <u>863-993-0899</u>		