

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000060038

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** SCENIC CITRUS HARVESTERS, INC.

**Current Principal Place of Business:**

2010 N LAKE REEDY BLVD  
FROSTPROOF, FL 33843

**New Principal Place of Business:**

**Current Mailing Address:**

2010 N. LAKE REEDY  
FROSTPROOF, FL 33843 US

**New Mailing Address:**

FEI Number: 59-3267516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RESPRESS, LYNN  
150 DEVANE STREET  
FROSTPROOF, FL 33843 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RESPRESS, ERNEST L  
Address: 2010 N LAKE REEDY BLVD  
City-St-Zip: FROSTPROOF, FL

Title: VP  
Name: RESPRESS, ERNEST P  
Address: 2010 N LAKE REEDY BLVD  
City-St-Zip: FROSTPROOF, FL

Title: ST  
Name: RESPRESS, MARY L  
Address: 2010 N LAKE REEDY BLVD  
City-St-Zip: FROSTPROOF, FL

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: MARY LYNN RESPRESS

ST

04/20/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date