

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90216 006 \*\*\*150.00

60001517



01042007 Chg-P CR2E034 (12/06)

DOCUMENT # P95000079080			
1. Entity Name CLEWISTON CITRUS, INC.			
Principal Place of Business ROUTE 2 BOX 1210 CLEWISTON, FL 33440-9618		Mailing Address C/O THE BANK OF NEW YORK ONE WALL STREET 32ND FLOOR NEW YORK, NY 10286 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 13-3859037		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMITH, RICHARD C C/O SHOOK, HARDY & BACON 2400 MIAMI CENTER-201 S BISCAYNE BLVD MIAMI, FL 33131-2312		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MASTRO, THOMAS J ONE WALL STREET NEW YORK, NY 10286 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALANGA, GEORGE ONE WALL STREET NEW YORK, NY 10286 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BICKET, PATRICIA A ONE WALL ST NEWYORK, NY 10286 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WA, AMY ONE WALL ST NEW YORK, NY 10286 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DESALVIO, EDWARD J. ONE WALL STREET NEW YORK, NY 10286 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEUMANN, DENNIS P 1290 6TH AVENUE NEW YORK, NY 10104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARNKE, GREGORY P. 32 old slip New York, NY 10005 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZANGRE, ANTHONY ONE WALL STREET NEW YORK, NY 10286 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OBRIEN, JUSTIN ONE WALL STREET NEW YORK, NY 10286 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRAUS, DAVID P ONE WALL STREET NEW YORK, NY 10286 <input checked="" type="checkbox"/> Change <input checked="" 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: ANTHONY ZANGRE, V.P. <i>Anthony Zangre</i> 1/4/07		212-635-6648	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	