2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 08:00 A
Secretary of State

DOCUMENT # P96000040676

1. Entity Name
WILBURN CITRUS, INC.

Principal Place of Business	Mailing Address
1100 VAUGHN RD SEBRING, FL 33875-6706	1100 VAUGHN RD SEBRING, FL 33875-6706

DO NOT WRITE IN THIS SPACE

05022007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0689934

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILBURN, CARL M
1100 VAUGHN RD
SEBRING, FL 33872

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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.

U00000764319
05/30/07-80058-009 150.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WILBURN, CARL M
STREET ADDRESS	1100 VAUGHN RD
CITY-ST-ZIP	SEBRING, FL
TITLE	DS
NAME	WILBURN, BETTY A
STREET ADDRESS	1100 VAUGHN ROAD
CITY-ST-ZIP	SEBRING, FL
TITLE	D
NAME	PATTERSON, TAMMY A
STREET ADDRESS	1232 FOREST ROAD
CITY-ST-ZIP	SEBRING, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: Carl M Wilburn 05/07/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #