

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P96000040676 1. Entity Name WILBURN CITRUS, INC.	
---	---

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



03202008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0669934	Applied For Not Applicable
------------------------------------	-------------------------------

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WILBURN, CARL M 1100 VAUGHN RD SEBRING, FL 33872
--

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and also if applicable (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

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

U000000668043
04/02/08-80096-003-150.00

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/21/08

Daytime Phone #