

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000042613

1. Entity Name
M & H CITRUS, INC.



Principal Place of Business
**407 FLATWOOD DRIVE
WINTER SPRINGS, FL 32708 US**

Mailing Address
**P.O. BOX 196214
WINTER SPRINGS, FL 32719 US**



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3389680

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTIN, GEORGE W
407 FLATWOOD DRIVE
WINTER SPRINGS, FL 32708**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000184394
01/20/05-80023-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HENDRIX, ANNE M
STREET ADDRESS	18709 HAMMOCK LANE
CITY-ST-ZIP	DAVIDSON, NC 28036
TITLE	D
NAME	HENDRIX, C W JR
STREET ADDRESS	18709 HAMMOCK LANE
CITY-ST-ZIP	DAVIDSON, NC 28036
TITLE	D
NAME	MARTIN, PAULA J
STREET ADDRESS	407 FLATWOOD DRIVE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	D
NAME	MARTIN, GEORGE W
STREET ADDRESS	407 FLATWOOD DRIVE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
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 exemption stated in Section 119.07(3)(f), 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

George W. Martin
George W. Martin

1/13/05

Date

407-359-9862

Daytime Phone #