


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90031 018 \*\*\*150.00

<b>DOCUMENT # P96000070868</b>	
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1. Entity Name  
CITRUS SWEET, INC.

Principal Place of Business  
2825 TAMiami TRAIL, BLDG. C  
PUNTA GORDA, FL 33950

Mailing Address  
P.O. BOX 511386  
PUNTA GORDA, FL 33951



2. Principal Place of Business  
1205 Elizabeth St.  
Suite, Apt. #, etc.  
Suite J

3. Mailing Address  
P.O. Box 512116  
Suite, Apt. #, etc.

01252006 Chg-P CR2E034 (11/05)

City & State  
Punta Gorda, FL

City & State  
Punta Gorda FL

4. FEI Number  
65-0693615  
Applied For  
Not Applicable

Zip  
33950  
Country  
USA

Zip  
33951-2116  
Country  
USA

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

## 6. Name and Address of Current Registered Agent

WINSLOW, GEORGE  
~~2825 TAMiami TRAIL, BLDG. C~~ 1205 Elizabeth St Ste J.  
PUNTA GORDA, FL 33951

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL 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 \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P	WINSLOW, GEORGE	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<del>2825 TAMiami TRAIL, BLDG. C</del> 1205 Elizabeth St Ste J.					
		PUNTA GORDA, FL 33950					
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/06  
Date

Daytime Phone #