2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90067 019 ***150.00

DOCUMENT # P96000070868

1. Entity Name
CITRUS SWEET, INC.

Principal Place of Business	Mailing Address
1205 ELIZABETH ST SUITE J PUNTA GORDA, FL 33950	P.O. BOX 512116 PUNTA GORDA, FL 33951-2116

04162007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
5377 Duncan Rd			
Suite, Apt. #, etc.		Suite, Apt #, etc	
City & State: Punta Gorda, FL		City & State	
Zip: 33982	Country: Charlotte	Zip	Country

4. FEI Number: 65-0693615 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and A[ddress of New Registere]d Agent
WINSLOW, GEORGE 2825 TAMIAMI TRAIL, BLDG. C PUNTA GORDA, FL 33951	Name: Street Address (P.O. Box Number is Not Acceptable): 5377 Duncan Rd City: Punta Gorda FL Zip Code: 33982

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] 4-18-07
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, 2007 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	P WINSLOW, GEORGE 1205 ELIZABETH ST., STE. J PUNTA GORDA, FL 33950	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 5377 Duncan Rd Punta Gorda, FL 33982	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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] 4-18-07 (941)575-1505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #