

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000083972

1. Entity Name
SWEETWATER CITRUS, INC.



Principal Place of Business
**140 HOLMES AVE.
LAKE PLACID, FL 33852**

Mailing Address
**PO BOX 39
LAKE PLACID, FL 33862-0039**



02242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3423415 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMOAK MASON, MARILYN
140 HOLMES AVE.
LAKE PLACID, FL 33852**

**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, 2004 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	PD MASON, GEORGE P JR 509 LAKE MIRROR DR LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MASON, MARILYN SMOAK 509 LAKE MIRROR DR LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MASON, GEORGE PERRY III 511 LAKE MIRROR DR LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRUE, HOLLY MASON 110 POND DRIVE LAWRENCEBURG, TN 38464
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

Date

Daytime Phone #

George P. Mason **George P. Mason** 2-27-04 843 465-2031