

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MASON, GEORGE P JR
STREET ADDRESS 509 LAKE MIRROR DR
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE STD ☐ Delete
NAME MASON, MARILYN SMOAK
STREET ADDRESS 509 LAKE MIRROR DR
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE VD ☐ Delete
NAME MASON, GEORGE PERRY III
STREET ADDRESS 511 LAKE MIRROR DR
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE VD ☐ Delete
NAME TRUE, HOLLY MASON
STREET ADDRESS 110 POND DRIVE
CITY-ST-ZIP LAWRENCEBURG TN 38464

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000622649
CITY-ST-ZIP 02/13/07-80034-020 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Marilyn Smoak Mason*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/07 843 465-2031
Date Daytime Phone #

FILED
Feb 05, 2007 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/06)