

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 A
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**



01162008 No Chg-P CR2E034 (11/05)

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 *Marilyn Smoak Mason*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01/23/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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**DO NOT WRITE
IN THIS SPACE**

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 *Marilyn Smoak Mason*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/08

DATE

863-465-2031

Daytime Phone #