

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000083972

Entity Name: SWEETWATER CITRUS, INC.

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

140 HOLMES AVE.
LAKE PLACID, FL 33852

New Principal Place of Business:

140 HOLMES AVE.
LAKE PLACID, FL 33852 US

Current Mailing Address:

PO BOX 39
LAKE PLACID, FL 338620039

New Mailing Address:

PO BOX 39
LAKE PLACID, FL 338620039 US

FEI Number: 59-3423415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MASON, GEORGE P JR
Address: 509 LAKE MIRROR DR
City-St-Zip: LAKE PLACID, FL 33852

Title: STD () Delete
Name: MASON, MARILYN SMOAK
Address: 509 LAKE MIRROR DR
City-St-Zip: LAKE PLACID, FL 33852

Title: VD () Delete
Name: MASON, GEORGE PERRY III
Address: 511 LAKE MIRROR DR
City-St-Zip: LAKE PLACID, FL 33852

Title: VD () Delete
Name: TRUE, HOLLY MASON
Address: 110 POND DRIVE
City-St-Zip: LAWRENCEBURG, TN 38464

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MASON, GEORGE P JR
Address: 509 LAKE MIRROR DR
City-St-Zip: LAKE PLACID, FL 33852 US

Title: STD (X) Change () Addition
Name: MASON, MARILYN SMOAK
Address: 509 LAKE MIRROR DR
City-St-Zip: LAKE PLACID, FL 33852 US

Title: VD (X) Change () Addition
Name: MASON, GEORGE PERRY III
Address: 511 LAKE MIRROR DR
City-St-Zip: LAKE PLACID, FL 33852 US

Title: VD (X) Change () Addition
Name: TRUE, HOLLY MASON
Address: 110 POND DRIVE
City-St-Zip: LAWRENCEBURG, TN 38464 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEO P MASON JR

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

Date