2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 08:00 A Secretary of State

| DOCUMENT # P96000089030 1. Entity Name FLORIDA CITRUS LANDS, INC. | | | | | Secretary of St | | | | |
|--|--|---|-------------|--|---|------------------------|--------------------------------|------------------------|-----------------------------|
| Principal Plac | e of Business | Mailing Address | | | | | | | |
| 3665 BEE RIDGE ROAD SUITE 310 SARASOTA, FL 34233 | | 3665 BEE RIDGE ROAD Suite 310 Sarasota, Fl. 34233 | | | 111 2 3 ((1) 64 ((4 12 (1) 66 (1) | | . . 1 F1 19 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 03122007 | Chg-P | CR2E03 | 4 (12/06) | |
| City & State | | City & State | | | 4. FEI Number 65-0725 | 587 | | <u> </u> | polled For at Applicable |
| Zip | Country | Zip | Cour | itry | 5. Certificate of | f Status Desired | | 8.75 Add ee Require | |
| | 6. Name and Address of Currer | 7. Name and Address of New Registered Agent Name | | | | | | | |
| CARRION, JAMIE S 3665 BEE RIDGE ROAD | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| SARASOT | | | | | | | | ············ | |
| | | | | 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 | | | | | | | | | |
| FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | | | | |
| 10. | | D DIRECTORS | 11. | | ADDITIONS/C | HANGES TO OFFI | CERS AND I | DIRECTOR | S IN 11 |
| TITLE NAME | PC CARRION, JAIME S | ☐ Delete | TITL. | | | Unan | | Change | Addition |
| STREET ADDRESS CITY-ST-ZIP | 3665 BEE RIDGE ROAD #310 SARASOTA, FL 34233 | | | EET ADDRESS '-ST-ZIP | | יטטטטי 04/17/0 – | 006956 7-8006 | | 150.00 |
| TITLE | VPS | ☐ Delete | TITL | | | | | Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZiP | THOMAS, DORA M 3665 BEE RIDGE ROAD #310 SARASOTA, FL 34233 | | | ie Eet address '-st-zip | | | | | |
| TITLE | V | ☐ Delete | TITL | E | | | | Change | Addition |
| NAME STREET ADDRESS | MCSWEENEY, ANINA C | | NAM | | | | | | |
| CITY-ST-ZIP | 3665 BEE RIDGE ROAD #310 SARASOTA, FL 34233 | | | EET ADDRESS '-ST-ZIP | | | | | |
| TITLE | VT | ☐ Delete | TITL | E | | | , | ☐ Change | Addition |
| NAME | CARRION, JAIME R | | NAM | t t | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 3665 BEE RIDGE ROAD #310 SARASOTA, FL 34233 | | 1 | EET ADDRESS '-ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITL | E | | -, | | Change | Addition |
| NAME STREET ADDRESS | | | NAM | NE EET ADORESS | | | | | |
| CITY-ST-ZIP | | | | -ST-2IP | | | | | |
| TITLE | | ☐ Delete | DTL | 1 | | | | Change | Addition |
| NAME STREET ADDRESS | | | NAM STRI | ie Tet adoress | | | | | |
| CITY-ST-ZIP | | | | -ST-ZIP | | | | | |
| 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 of 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 of 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. | | | | | | | | | |

BIGHATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/4/07

941-923-4551 Daylime Phone #