## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 08, 2008 8:00 am Secretary of State

05-08-2008 90011 015 \*\*\*150.00

OCUMENT # P96000089030
Forth Maria



FLORIDA CITRUS LANDS, INC. 40099136 Principal Place of Business Mailing Address 3665 BEE RIDGE ROAD 3665 BEE RIDGE ROAD SUITE 310 SUITE 310 SARASOTA, FL 34233 SARASOTA, FL 34233 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0725587 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jaime S. Carrion CARRION, JAMIE S Street Address (P.O. Box Number is Not Acceptable) 3665 BEE RIDGE ROAD SARASOTA, FL 34233 3665 Bee Ridge Rd., Suite 310 City Sarasota 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550,00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PØ CARRION, JAIME S TITLE Change Addition TITLE Delete NAME NAME 3665 BEE RIDGE ROAD #310 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-ZIP ☐ Delete [] Change Addition TITLE TITLE NAME THOMAS, DORA M STREET ADDRESS 3665 BEE RIDGE ROAD #310 STREET ADDRESS SARASOTA, FL 34233 CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition MCSWEENEY, ANINA C NAME NAME STREET ADDRESS 3665 BEE RIDGE ROAD #310 STREET ADDRESS SARASOTA, FL 34233 CITY - ST - ZIP CITY-ST-ZIP Channe ☐ Addition ☐ Delete TITI F TITLE CARRION, JAIME R NAME 3665 BEE RIDGE ROAD #310 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-ZIP Addition ☐ Delete TITI F ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 or the receiver of 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 arractions, with all other like empowered.

REAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR