

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000001195

Entity Name: 4-D CITRUS & SOD, INC.

FILED  
Feb 07, 2005  
Secretary of State

## Current Principal Place of Business:

300 LOST LAKE BARN ROAD  
LAKE PLACID, FL 33852

## New Principal Place of Business:

300 LOST LAKE BARN ROAD  
LAKE PLACID, FL 33852 US

## Current Mailing Address:

P.O. BOX 488  
LAKE PLACID, FL 33862 US

## New Mailing Address:

FEI Number: 59-3416652      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEACH, PEGGY D  
300 LOST LAKE BARN ROAD  
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: DURRANCE, HORACE L  
Address: 500 LOST LAKE DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: SD ( ) Delete  
Name: LEACH, PEGGY D  
Address: 340 2ND AVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: TD ( ) Delete  
Name: FENTRESS, PAMELA L  
Address: 1806 LAKE CLAY DR  
City-St-Zip: LAKE PLACID, FL 33852

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DURRANCE, HORACE L PRES  
Address: 500 LOST LAKE DRIVE  
City-St-Zip: LAKE PLACID, FL 33852 US

Title: SD (X) Change ( ) Addition  
Name: LEACH, PEGGY D SEC  
Address: 340 2ND AVE  
City-St-Zip: LAKE PLACID, FL 33852 US

Title: TD (X) Change ( ) Addition  
Name: FENTRESS, PAMELA L TREAS  
Address: 300 LOST LAKE DR.  
City-St-Zip: LAKE PLACID, FL 33852 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAMELA L. FENTRESS

TREA

02/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date