

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90369 033 ***150.00

DOCUMENT # P97000001195

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



Principal Place of Business
300 LOST LAKE BARN ROAD
LAKE PLACID, FL 33852 US

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

60030141



03312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3416652

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEACH, PEGGY D
300 LOST LAKE BARN ROAD
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 _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	DURRANCE, HORACE L PRES
STREET ADDRESS	500 LOST LAKE DRIVE
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	SD
NAME	LEACH, PEGGY D SEC
STREET ADDRESS	340 2ND AVE 340 Belle Tower Ave.
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	TD
NAME	FENTRESS, PAMELA L TREAS
STREET ADDRESS	300 LOST LAKE DR.
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Peggy D. Leach Peggy D. Leach 4/5/06 863-465-6601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #