



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000048225					
1. Entity Name RED CITRUS, INC.					
Principal Place of Business 15431 SW PALM DR. INDIANTOWN, FL 34956		Mailing Address 15431 SW PALM DR. INDIANTOWN, FL 34956			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0755906	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HATAWAY, OWEN R 15431 SW PALM DR. INDIANTOWN, FL 34956			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HATAWAY, OWEN R		NAME		
STREET ADDRESS	15431 SW PALM DR.		STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN, FL 34956		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HATAWAY, DOROTHY H		NAME		
STREET ADDRESS	15431 SW PALM DR.		STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN, FL 34956		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEONGOMEZ, ERIN		NAME		
STREET ADDRESS	15431 SW PALM DR.		STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN, FL 34956		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-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 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: 		Date: 2-4-07		Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



01252007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0755906 Applied For Not Applicable

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


7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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.

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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