

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 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



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0755906** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HATAWAY, OWEN R
15431 SW PALM DR.
INDIANTOWN, FL 34956

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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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HATAWAY, OWEN R 15431 SW PALM DR. INDIANTOWN, FL 34956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HATAWAY, DOROTHY H 15431 SW PALM DR. INDIANTOWN, FL 34956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEONGOMEZ, ERIN 15431 SW PALM DR. INDIANTOWN, FL 34956
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Owen R. Hataway
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-08 (772) 597-4947
 Date Daytime Phone #