


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000099465	
1. Entity Name FLORIDA CITRUS PRODUCTION INPUTS, INC.	

Principal Place of Business 5916 STATE ROAD 540 WAVERLY, FL 33877	Mailing Address P.O. BOX K WAVERLY, FL 33877 US
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DO NOT WRITE IN THIS SPACE



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3481594	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOUK, WALLY
5916 STATE ROAD 540
WAVERLY, FL 33877

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GASPER, KOVACH JR 2808 COVENTRY AVE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HUNT, FRANK M III HUNT BROS. RD LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HOUK, WALLY 4738 EASTON ST LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HOUK, WALLY 4738 EASTON STREET LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05-02-2007 08:00:33 001-158.75

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: Wally Houk, WALLY HOUK 4-19-07 (8p3) 439-3461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #