

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000099465

FILED  
May 18, 2009  
Secretary of State

Entity Name: FLORIDA CITRUS PRODUCTION INPUTS, INC.

**Current Principal Place of Business:**

5916 STATE ROAD 540  
WAVERLY, FL 33877

**New Principal Place of Business:**

5916 WAVERLY ROAD  
WAVERLY, FL 33877

**Current Mailing Address:**

P.O. BOX K  
WAVERLY, FL 33877 US

**New Mailing Address:**

FEI Number: 59-3481594      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FORT, MARY  
5916 WAVERLY RD  
WAVERLY, FL 33877 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GASPER, KOVACH JR  
Address: 2608 COVENTRY AVE  
City-St-Zip: LAKELAND, FL 33803

Title: VD ( ) Delete  
Name: HUNT, FRANK M III  
Address: HUNT BROS. RD  
City-St-Zip: LAKE WALES, FL 33859

Title: SD ( ) Delete  
Name: FORT, MARY  
Address: 4700 MONTERAY DR  
City-St-Zip: WINTER HAVEN, FL 33880

Title: TD ( ) Delete  
Name: FORT, MARY  
Address: 4700 MONTERAY DR  
City-St-Zip: WINTER HAVEN, FL 33880

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARY D FORT

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

SD

05/18/2009

\_\_\_\_\_ Date