


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90033 003 ***150.00

DOCUMENT # P98000048465	
1. Entity Name REITER CITRUS, INC.	

Principal Place of Business 380 AVE C. SW WINTER HAVEN FL 33882	Mailing Address PO BOX 1623 WINTER HAVEN FL 33882
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2. Principal Place of Business 380 AVE C. SW 1	3. Mailing Address PO Box 1623
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Winter Haven FL	City & State Winter Haven FL
Zip 33884	Country PO/K
Country PO/K	Zip 33884

1st MOORE	CR2E034 (10/05)
4. FEI Number 59-3512554	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REITER, BRADLEY 17 LAKE AVE WINTER HAVEN FL 33880	7. Name and Address of New Registered Agent Name BRADLEY D. REITER Street Address (P.O. Box Number is Not Acceptable) 1848 WOODPOINTE DRIVE Winter Haven FL City FL Zip Code 33884
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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 B. D. Reiter <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 2/24/06 <small>(NOTE: Registered Agent signature required when re-instating)</small>

FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00. Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST REITER, BRADLEY 17 LAKE AVE SW WINTER HAVEN FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: B. D. Reiter <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 2/24/06 <small>Daytime Phone #</small>