## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

ND TYPED OR PRINTED NAME OF

ING OFFICER OR DIRECTOR

## Secretary of State DOCUMENT # P98000048465 01-29-2007 90062 030 \*\*\*150.00 1. Entity Name REITER CITRUS, INC. Principal Place of Business Mailing Address 40006045 380 AVE C. SW 1 PO BOX 1623 WINTER HAVEN, FL 33884 WINTER HAVEN, FL 33882 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 Chq-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3512554 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REITER, BRADLEY D Street Address (P.O. Box Number is Not Acceptable) 1848 WOODPOINT DR WINTER HAVEN, FL 33884 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 1/5/07 Bradley Reiter Signature, typed or printed name of registered agent and title if applicable. (NOTE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PV 57 **PVST** THILE TITLE ☐ Delete Change ☐ Addition Reiter, BradLEY NAME REITER, BRADLEY NAME 1848 WOOD POINT D WINTER HAVEN, FL STREET ADDRESS 17 LAKE AVE SW STREET ADDRESS WINTER HAVEN, FL 33880 CITY-ST-ZIP 33884 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change 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 647, 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 expowered.

FILED Jan 29, 2007 8:00 am

1/5/07