

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000084533

1. Entity Name
D & L CITRUS HOLDINGS, INC.



Principal Place of Business
402 S. SIXTH AVE.
WAUCHULA, FL

Mailing Address
P.O. BOX 430
WAUCHULA, FL



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0866262

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAMBERT, KENNETH A
402 S. SIXTH AVE.
WAUCHULA, FL

**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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000075454
03/03/04-80060-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAMBERT, KENNETH A
STREET ADDRESS	1013 BRIARWOOD DR.
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	V
NAME	DAVIS, JAMES S
STREET ADDRESS	10534 SCOTT MILL RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	S
NAME	LAMBERT, EILEEN M
STREET ADDRESS	1013 BRIARWOOD DR.
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	T
NAME	DAVIS, RUTH ANN
STREET ADDRESS	10534 SCOTT MILL RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-24-04 863-773-5055