## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P99000001582**

Entity Name

MCCOLLOUGH CITRUS GROVES, INC.



FILED
Jan 19, 2007 08:00 AM
Secretary of State

Principal Place of Business

5129 FAIRWAY ONE DR VALRICO, FL 33594 Mailing Address

5129 FAIRWAY ONE DR VALRICO, FL 33594



DO NOT WRITE IN THIS SPACE

01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3553286

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARLTEY, LINDA D 101 E. KENNEDY BLVD. SUITE 3700 TAMPA, FL 33602

## 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, 2007 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	000000592616 01/19/07-80070-014 15000
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MCCOLLOUGH, BARBARA S 5129 FAIRWAY ONE DR VALRICO, FL 33594				•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MCCOLLOUGH, MATTHEW R 18331 CRAWLEY RD ODESSA, FL 33556		DO NOT WRITE IN THIS SPACE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS : 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 cath; 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: Barbara S. N.C. Colland b- Barbara & Mc Calland 813-689-333

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICEN ON DIRECTOR

1/1800/07

Daytime Prone of