

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90016 009 \*\*\*150.00

**DOCUMENT # P99000003647**

1. Entity Name  
**MANUEL AVALON CITRUS CORP.**



Principal Place of Business

~~111 PENINSULAR DR.~~  
~~HAINES CITY, FL 33844~~  
 526 Genius Drive  
 Winter Park FL 32789

Mailing Address

~~111 PENINSULAR DR.~~  
~~HAINES CITY, FL 33844~~  
 526 Genius Drive  
 Winter Park FL 32789



01062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3550823	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

~~MANUEL, WILLIAM H~~  
~~1111 PENINSULAR DR.~~  
~~HAINES CITY, FL 33844~~  
 526 Genius Drive  
 Winter Park, FL 32789

**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

*William H. Manuel*

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**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MANUEL, WILLIAM H
STREET ADDRESS	<del>1111 PENINSULAR DR.</del> 526 Genius Drive
CITY - ST - ZIP	<del>HAINES CITY, FL 33844</del> Winter Park, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 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: *William H. Manuel*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/07  
 Date

863-422-6083  
 Daytime Phone #