

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # S03230

1. Entity Name

J & S CITRUS, INC.



Principal Place of Business

PO BOX 1297
ARCADIA FL 34265
US

Mailing Address

PO BOX 1297
ARCADIA FL 34265
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3045005

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALDRON, EUGENE W JR.
124 N. BREVARD AVE.
ARCADIA FL 33821

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	STRICKLAND, DONNA M	
STREET ADDRESS	1261 RIVERBEND DRIVE	
CITY- ST- ZIP	LABELLE FL 33975	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HOVEY, SUSAN Y	
STREET ADDRESS	4827 SE HWY 70	
CITY- ST- ZIP	ARCADIA FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HOVEY, DONALD W	
STREET ADDRESS	4827 SE HWY 70	
CITY- ST- ZIP	ARCADIA FL	
TITLE	MDST	<input type="checkbox"/> Delete
NAME	STRICKLAND, RICHARD K	
STREET ADDRESS	1261 RIVERBEND DRIVE	
CITY- ST- ZIP	LABELLE FL 33975	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		

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02/01/07-80054-023 150.00

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:

Richard K Strickland

1/18/07 (863) 381-2676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #