2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # S03230

1. Entity Name
J & S CITRUS, INC.

Principal Place of Business	Mailing Address
PO BOX 1297 ARCADIA, FL 34265 US	PO BOX 1297 ARCADIA, FL 34265 US

01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

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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 _____ U00000860707 04/02/08 00024 015 150.00
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, 2008 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	STRICKLAND, DONNA M
STREET ADDRESS	1261 RIVERBEND DRIVE
CITY-ST-ZIP	LABELLE, FL 33975
TITLE	DP
NAME	HOVEY, SUSAN Y
STREET ADDRESS	4827 SE HWY 70
CITY-ST-ZIP	ARCADIA, FL
TITLE	DVP
NAME	HOVEY, DONALD W
STREET ADDRESS	4827 SE HWY 70
CITY-ST-ZIP	ARCADIA, FL
TITLE	MDST
NAME	STRICKLAND, RICHARD K
STREET ADDRESS	1261 RIVERBEND DRIVE
CITY-ST-ZIP	LABELLE, FL 33975
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: _____ 3/13/08 863-381-2676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #