



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # S52490 1. Entity Name PREMIUM CITRUS, INC.	
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Principal Place of Business 2650 S KINGS HWY FORT PIERCE, FL 34945	Mailing Address 2650 S KINGS HWY FORT PIERCE, FL 34945
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DO NOT WRITE IN THIS SPACE

	
03212008 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0262869	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSON, SHERWOOD J 2650 S KINGS HWY FORT PIERCE, FL 34945

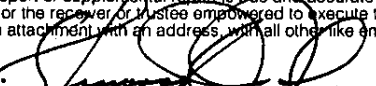
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000872081 04/10/08-80024-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLSON, JOHN C 44 LAKE BEAUTY DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARNES, C DURHAM 44 LAKE BEAUTY DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D JOHNSON, SHERWOOD J 2650 S KINGS HWY FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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  SHERWOOD J. JOHNSON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/24/08 (772)461-7725 <small>Date Daytime Phone #</small>