


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90027 033 ***150.00

DOCUMENT # V07029 1. Entity Name S & K CITRUS, INC.			
Principal Place of Business 1006 N.W. LAKEVIEW DR. SEBRING, FL 33870		Mailing Address 1006 N.W. LAKEVIEW DR. SEBRING, FL 33870	
2. Principal Place of Business 3650 Lakeview Dr Suite, Apt. #, etc.		3. Mailing Address 3650 Lakeview Dr. Suite, Apt. #, etc.	
City & State Sebring FL		City & State Sebring FL	
Zip 33870		Zip 33870	
Country USA		Country USA	
4. FEI Number 65-0316272		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired: <input type="checkbox"/> - \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PARRY, CARTER H., JR., ATTY. 1001 3RD AVE., WEST SUITE 350 BRADENTON, FL 34205		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FOSTER, KEITH 1006 NW LAKEVIEW DR SEBRING, FL 33870	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FOSTER, LISA 1006 NW LAKEVIEW DR SEBRING, FL 33870	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BURGESS, SHELBY 1214 KERRY DRIVE SEBRING, FL 33872	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	