



FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # V07029 1. Entity Name S & K CITRUS, INC.				Secretary of State	
Principal Place of Business 3650 LAKEVIEW DR SEBRING, FL 33870		Mailing Address 3650 LAKEVIEW DR SEBRING, FL 33870			
DO NOT WRITE IN THIS SPACE					
				04012007 No Chg-P CR2E034 (11/05)	
				4. FEI Number 65-0316272	
				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 PARRY, CARTER H., JR., ATTY. 1001 3RD AVE., WEST SUITE 350 BRADENTON, FL 34205				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. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		U00000748411 05/17/07-80067-002 150.00	
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P FOSTER, KEITH 3650 LAKEVIEW DR SEBRING, FL 33870			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ST FOSTER, LISA 3650 LAKEVIEW DR SEBRING, FL 33870			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP BURGESS, SHELBY 3650 LAKEVIEW DR. SEBRING, FL 33870			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not contain any information 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 the information 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 statement and 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 information.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date _____ Daytime Phone # _____	