

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V17475

FILED
Jan 08, 2008
Secretary of State

Entity Name: STORY CITRUS SERVICES, INC.

Current Principal Place of Business:

16030 US 27
LAKE WALES, FL 33859 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1063
BABSON PARK, FL 33827

New Mailing Address:

FEI Number: 59-3111471 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VICTOR B. STORY JR.
1048 OLD CUTLER ROAD
LAKE WALES, FL 33898 US

Name and Address of New Registered Agent:

VICTOR B. STORY JR.
4200 DUNMORE DRIVE
LAKE WALES, FL 33898 US

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.

SIGNATURE: VICTOR B. STORY, JR. 01/08/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STORY, VICTOR B. JR.
Address: 1048 OLD CUTLER ROAD
City-St-Zip: LAKE WALES, FL 33898 US

Title: D () Delete
Name: STORY, ANN H.,
Address: 1048 OLD CUTLER ROAD
City-St-Zip: LAKE WALES, FL 33898 US

Title: TREA () Delete
Name: STORY, KYLE R
Address: 3656 RED OAK COURT
City-St-Zip: LAKE WALES, FL 33827 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STORY, VICTOR B PRES
Address: 4200 DUNMORE DRIVE
City-St-Zip: LAKE WALES, FL 33898 US

Title: D (X) Change () Addition
Name: STORY, ANN H
Address: 4200 DUNMORE DRIVE
City-St-Zip: LAKE WALES, FL 33898 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KYLE R. STORY TREA 01/08/2008

Electronic Signature of Signing Officer or Director Date