2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2011
Secretary of State

DOCUMENT# V17475

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 1221
LAKE WALES, FL 33859

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:

STORY, KYLE R
16030 HWY 27 SOUTH
LAKE WALES, FL 33859 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: STORY, VICTOR B JR
Address: 16030 HWY 27 SOUTH
City-St-Zip: LAKE WALES, FL 33859

Title: VP
Name: STORY, ANN H
Address: 16030 HWY 27 SOUTH
City-St-Zip: LAKE WALES, FL 33859

Title: TREA
Name: STORY, KYLE R
Address: 16030 HWY 27 SOUTH
City-St-Zip: LAKE WALES, FL 33859

Title: SEC
Name: STORY, KYLE R
Address: 16030 HWY 27 SOUTH
City-St-Zip: LAKE WALES, FL 33859

I hereby 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 all other like empowered.

SIGNATURE: KYLE R. STORY TREA 03/14/2011

Electronic Signature of Signing Officer or Director Date