FILED Apr 23, 2007 8:00 am Secretary of State

2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

04-23-2007 90067 021 ***150 00 DOCUMENT # V34193 GULF CITRUS MANAGEMENT, INC. 40074506 Principal Place of Business Mailing Address 1205 ELIZABETH ST STE J POB 512116 PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33951 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 5377 Duncan Rd Suite, Apt. #, etc. Suite, Apt. #, etc. 04162007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Punta Gorda, FL 65-0332888 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Charlotte Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WINSLOW, GEORGE A. Street Address (P.O. Box Number is Not Acceptable) __5377_Duncan Rd 1205 ELIZABETH ST STE J PUNTA GORDA, FL 33950 City Punta Gorda, ose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept SIGNATURE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Γ Trust Fund Contribution Added to Fees 10. CFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete THE LE DATE TXC range Addition WINSLOW, GEORGE A.. VAME NAM-P.O. Box 512116 1205 ELIZABETH ST STREET ADDRESS STREET ADDRESS PUNTA GORDA, FL Punta Gorda, FL 33951-2116 C SV-ST-7IP City.St. &P Vice President UL.5 Delete HILE XAddition [T] Change Frederick H. Walters P.O. Box 512116 VAME NAM-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C11Y - ST - 71P Punta Gorda, FL 33951-2116 TH .5 Vice President X Addition ☐ Delete TIFLE Change Andrew Pike P.O. Box 512116 VAME NAME: STREET ADDRESS STREET ADDRESS Punta Gorda, FL 33951-2116 € IM-SI-7/P CITY-ST-7IP III.E ☐ Delete HILE Addition NAME NAME STREET ADDRESS STREET ADDRESS C 1Y-S1-7IP City-SI-7P 81.10 Delete BILLE Change Addition VAME NAME: STREET ADDRESS STREET ADDRESS CHY.ST. ZP CIV.SL-7/P THILE Delete [] Addition NAME NAM: STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby certify that the information supplied with this filing dod indicated on this report or supplemental report. If the and accurate to corporation or the receiver or trustee endowered to execution of the corporation or the receiver or trustee endowered to execution or an attachment with an addiction, with a factor like. s not qualify for the exemptions contained in Chapter 119, Florica Statutes. I further certify that the information ate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director the this record as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if SIGNATURE: