


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 791117

1. Entity Name
 CITRUS MARKETING SERVICES, INC.



Principal Place of Business
 3335 US 27 SOUTH
 SEBRING, FL 33870 US

Mailing Address
 PO BOX 1021
 SEBRING, FL 33871 US

DO NOT WRITE IN THIS SPACE



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number
 59-2067035 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCNORTON, GLORIA S
 3335 US 27 SOUTH
 SEBRING, FL 33870

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000142963
 04/30/04-80072-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, L.C. J 11522 PAYNE ROAD SEBRING, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BENTLEY, PATRICK T 2600 OVERLOOK DRIVE WINTER HAVEN, FL 00000.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MCNORTON, GLORIA S. 5126 N. LAKE HUCKELBERRY DR. SEBRING, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, L.C. III 2701 CHEYENNE RD SEBRING, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CLAY, WILSON 33 WALL STREET FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 617, 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:  **L. C. Smith III** **4-28-04** **863 382-2187**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #