


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 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**



01112005 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's signature required when changing) DATE: \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

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

U00000300108  
 04/12/05-80007-015 61.25

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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: Gloria S. McNorton 4-6-05 863 382 2187  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

GLORIA S. MCNORTON