




2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCNORTON, GLORIA S 3335 US 27 SOUTH SEBRING, FL 33870		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
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: 		DATE	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, L.C. J	NAME	
STREET ADDRESS	11522 PAYNE ROAD	STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL 33875	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTLEY, PATRICK T	NAME	
STREET ADDRESS	2600 OVERLOOK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNORTON, GLORIA S.	NAME	
STREET ADDRESS	5126 N. LAKE HUCKELBERRY DR.	STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL 33875	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, L.C. III	NAME	
STREET ADDRESS	2701 CHEYENNE RD	STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL 33875	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAY, WILSON	NAME	
STREET ADDRESS	33 WALL STREET	STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF, FL 33843	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date: 4-28-08 863-382-2187	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



03072008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2067035** Applied For Not Applicable

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

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 05/27/08-80052-001 61.25