

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # L04375 1. Entity Name SWEETWATER HOMES OF CITRUS, INC.	
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Principal Place of Business 8016 S SUNCOAST BLVD HOMOSASSA, FL 32646	Mailing Address 8016 S SUNCOAST BLVD HOMOSASSA, FL 32646
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DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2957488	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTENSEN, ROBERT R.
60 CYPRESS BLVD WEST
HOMOSASSA, FL 34446

**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.

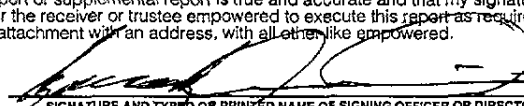
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000064871 02/25/04-80012-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PONTICOS, STEPHAN E 7 W BYRSONIMA CT HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TATE, LARRY 11 BYRSONIMA CT WEST HOMOSASSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRUNSINK, WAYNE 14 CHINKAPIN CIRCLE HOMOSASSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHRISTENSEN, ROBERT 60 CYPRESS BLVD., WEST HOMOSASSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAUGHAN, NELSON 44 CYPRESS BLVD WEST HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACOBY, JAMES JAY 41 OAK VILLAGE BOULEVARD HOMOSASSA, FL 34446

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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 607, 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:  **2-20-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #