

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90060 028 ***150.00

DOCUMENT # L04375		
1. Entity Name SWEETWATER HOMES OF CITRUS, INC.		

Principal Place of Business 8016 S SUNCOAST BLVD HOMOSASSA, FL 32646	Mailing Address 8016 S SUNCOAST BLVD HOMOSASSA, FL 32646
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40003823



01112005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2957488	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHRISTENSEN, ROBERT R. 60 CYPRESS BLVD WEST HOMOSASSA, FL 34446		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4 Shortleaf Court N City Homosassa FL Zip Code 34446	
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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PONTICOS, STEPHAN E 7 W BYRSONIMA CT HOMOSASSA, FL 34446 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TATE, LARRY 11 BYRSONIMA CT WEST HOMOSASSA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRUNSINK, WAYNE 14 CHINKAPIN CIRCLE HOMOSASSA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHRISTENSEN, ROBERT 60 CYPRESS BLVD., WEST HOMOSASSA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4 Shortleaf Court N Homosassa, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAUGHAN, NELSON 44 CYPRESS BLVD WEST HOMOSASSA, FL 34446 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACOBY, JAMES JAY 41 OAK VILLAGE BOULEVARD HOMOSASSA, FL 34446 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 	Date 1-18-05	Daytime Phone # 352-382-4547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert R Christensen		