

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


**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90055 017 \*\*\*\*61.25

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02092005 Chg-NP CR2E037 (10/03)

|  |         |   |         |
|--|---------|---|---------|
| <b>DOCUMENT # N95000003193</b>   |         |  |         |
| 1. Entity Name<br>CITRUS COUNTY SHERIFFS POSSE, INC.                                 |         |   |         |
| Principal Place of Business<br>1 DR MARTIN LUTHER KING JR AVE<br>INVERNESS, FL 34450 |         | Mailing Address<br>1 DR MARTIN LUTHER KING JR AVE<br>INVERNESS, FL 34450          |         |
| 2. Principal Place of Business   |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |
| 4. FEI Number<br>65-0605059  |         | Applied For<br><input type="checkbox"/> Not Applicable                            |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                            |         | \$8.75 Additional Fee Required  |         |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent                       |  | 7. Name and Address of New Registered Agent  |  |
| VITT, STEVEN<br>1 DR MARTIN LUTHER KING JR AVE<br>INVERNESS, FL 34450 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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)

|   |  |                                    |  |
|---|--|------------------------------------|--|
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make check payable to Florida Department of State</b> |
|---|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>VITT, STEVEN<br>1 DR MARTIN LUTHER KING JR AVE<br>INVERNESS, FL 34450 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>VITT, ELENA<br>1 DR MARTIN LUTHER KING JR AVE<br>INVERNESS, FL 34450 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>HEMPE, LOIS<br>1 DR MARTIN LUTHER KING JR AVE<br>INVERNESS, FL 34450 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | SD<br>marianne mcguire<br>1 DR. martin Luther King Jr Ave<br>Inverness, FL 34450 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TD<br>TASSELL, TAMARA VAN<br>1 DR MARTIN LUTHER KING JR AVE<br>LECANTO, FL 34460 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: Elena Vitt Date: 2-12-05 (352) 726-4488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #