


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90212 048 \*\*\*150.00

<b>DOCUMENT # P95000050837</b>	
<b>1. Entity Name</b> CITRUS MINING & TIMBER, INC.	

<b>Principal Place of Business</b> 14280 W HOLLINSWOOD TRL INGLIS, FL 34449	<b>Mailing Address</b> POST OFFICE BOX 277 CRYSTAL RIVER, FL 34423 US
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04242007 Chg-P CR2E034 (12/06)

<b>4. FEI Number</b> 59-3323941	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  FISHER & SAULS, P.A. 100 SECOND AVENUE SOUTH SUITE 701 ST. PETERSBURG, FL 33701	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float:right">FL</span> Zip Code
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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 \_\_\_\_\_

<p align="center"><b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2007 Fee will be \$550.00</p>	<p><b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b></p>	
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	HOLLINS, DIXIE M		STREET ADDRESS	STILLWELL, CLARK A	
CITY-ST-ZIP	14280 W HOLLINSWOOD TRAIL INGLIS, FL 34449		CITY-ST-ZIP	320 HIGHWAY 41 SOUTH INVERNESS, FL 34450	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADOCK, LOUIE N JR		NAME	MCCAIN, CARTER B	
STREET ADDRESS	100 SECOND AVENUE SOUTH SUITE 701		STREET ADDRESS	ONE TAMPA CITY CENTER, SUITE 2000	
CITY-ST-ZIP	ST. PETERSBURG, FL		CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWLER, JUDY A.		NAME		
STREET ADDRESS	100 SECOND AVENUE SO #701		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLSON, MARILYN M		NAME		
STREET ADDRESS	100 SECOND AVENUE SOUTH, SUITE 701		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL		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		
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 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.** DIXIE M. HOLLINS, PRESIDENT 4/24/2007 (352) 447-5329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #