

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90089 010 \*\*\*\*61.25

**DOCUMENT # 717353**  
1: Entity Name  
CITA, INC.



Principal Place of Business: 2330 JOHNNY ELLISON DR, MELBOURNE FL 32901-5553, US  
Mailing Address: P O BOX 2185, MELBOURNE FL 32902-2185, US

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: -  
Zip: - Country: -



MOORE CR2E037 (11/03)

**6. Name and Address of Current Registered Agent**  
ELLISON, DANIEL G  
2289 OHIO STREET  
MELBOURNE FL 32904-6144

4. FEI Number: 59-1273570  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

**7. Name and Address of New Registered Agent**  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> Delete
NAME	GUINN, WAYNE	
STREET ADDRESS	3675 WHISPERWOOD CR	
CITY-ST-ZIP	MELBOURNE, FL 00000	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ELLISON, JEFFREY R	
STREET ADDRESS	410 FIRST AVE	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ELLISON, HELEN M	
STREET ADDRESS	210 E. UNIVERSITY BLVD, APT. 8	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	T	<input type="checkbox"/> Delete
NAME	WEBB, WILLIAM	
STREET ADDRESS	619 W. ESPANOLA WAY	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ELLISON, DANIEL G.	
STREET ADDRESS	2289 OHIO STREET	
CITY-ST-ZIP	MELBOURNE FL 32904-6144	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COTTRILL, DAVID	
STREET ADDRESS	4904 GAIL BLVD	
CITY-ST-ZIP	WEST MELBOURNE FL 32904	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gaffney, Richard	
STREET ADDRESS	812 Coralway, W	
CITY-ST-ZIP	Indiantonic, FL 32903	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ellison, Jeffrey R.	
STREET ADDRESS	120 Franklin Ave	
CITY-ST-ZIP	Indiantonic, FL 32903	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ellison, Helen M.	
STREET ADDRESS	1690 S. Dixie Hwy	
CITY-ST-ZIP	Malabar, FL 32952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**  Daniel G. Ellison 1-21-04 321-725-5160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #