

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717353

FILED
Jan 05, 2006
Secretary of State

Entity Name: CITA, INC.

Current Principal Place of Business:

2330 JOHNNY ELLISON DR
MELBOURNE, FL 329015553 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2185
MELBOURNE, FL 329022185 US

New Mailing Address:

FEI Number: 59-1273570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLISON, DANIEL G
2289 OHIO STREET
MELBOURNE, FL 329046144 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: GUINN, WAYNE,
Address: 1778 SOUTH MAIN STREET
City-St-Zip: MANSFIELD, OH 44907

Title: DV () Delete
Name: ELLISON, JEFFREY R
Address: 120 FRANKLYN AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: VD () Delete
Name: GAFFNEY, RICHARD
Address: 2660 BRADFORD DRIVE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: T () Delete
Name: WEBB, WILLIAM
Address: 619 W. ESPANOLA WAY
City-St-Zip: MELBOURNE, FL

Title: PD () Delete
Name: ELLISON, DANIEL G.
Address: 2289 OHIO STREET
City-St-Zip: MELBOURNE, FL 329046144

Title: VD () Delete
Name: COTTRILL, DAVID
Address: PO BOX 12002
City-St-Zip: WEST MELBOURNE, FL 32912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: ELLISON, JEFFREY R
Address: 3054 SCALLOP LANE
City-St-Zip: INDIALANTIC, FL 32903

Title: DS (X) Change () Addition
Name: ELLISON, HELEN M
Address: 1690 SOUTH DIXIE HIGHWAY
City-St-Zip: MALABAR, FL 32950

Title: T (X) Change () Addition
Name: WEBB, WILLIAM
Address: 619 W. ESPANOLA WAY
City-St-Zip: MELBOURNE, FL 32901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL G. ELLISON

PD

01/05/2006

Electronic Signature of Signing Officer or Director

_____ Date