

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 211482

1. Entity Name

CITRUS ENTERPRISES INC



Principal Place of Business

**909 HWY 547 NORTH
DAVENPORT FL 33837
US**

Mailing Address

**PO BOX 65
DAVENPORT FL 33836
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0855784

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCKNIGHT, L.W. SR
115 E. LEMON ST
DAVENPORT FL 33836**

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agents signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May C
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	MCKNIGHT, L W SR	
STREET ADDRESS	115 E LEMON STREET	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCKNIGHT, L.W., JR	
STREET ADDRESS	59 B MOORE ROAD	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCKNIGHT, WILLIAM D.	
STREET ADDRESS	18 EAST BAY ST. P.O. BOX 722	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GLASS, VIRGINIA M.	
STREET ADDRESS	1420 HORSESHOE CREEK RD.	
CITY-ST-ZIP	DAVENPORT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

L. W. McKnight, Sr.

2/1/06

SIGNATURE: L.W. McKnight, Sr.

863 422-1131