

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90189 045 \*\*\*150.00

**DOCUMENT # 282859**

1. Entity Name

CITRUS PLUMBING, INC.



Principal Place of Business

336 S HIBISCUS AVE.  
P O BOX 986  
CRYSTAL RIVER FL 34429

Mailing Address

PO BOX 986  
CRYSTAL RIVER FL 34423  
US

2. Principal Place of Business

3. Mailing Address

336 S. HIBISCUS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CRYSTAL RIVER FL

Zip

Country

Zip

Country

34429

USA

4. FEI Number

59-1059493

Applied For

Not Applicable

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

SLUSSER, ROBERT B  
336 S HIBISCUS AVENUE  
CRYSTAL RIVER FL 34429

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 Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME SLUSSER, ROBERT B  
STREET ADDRESS 336 S HIBISCUS AVE.  
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME SLUSSER, JOAN C.  
STREET ADDRESS 336 S HIBISCUS AVE.  
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SLUSSER, JOAN C.  
STREET ADDRESS 336 S HIBISCUS AVE.  
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

Joan C Slusser Treas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-05 795-2354

50048556



1st MOORE

CR2E034 (10/04)