

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90229 047 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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
336 S. HIBISCUS AVE
CRYSTAL RIVER, FL 34429 US

40082111



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Joan C Slusser **JOAN C SLUSSER**
Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/06 352 7952354