

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 567096

FILED  
Jul 23, 2006  
Secretary of State

Entity Name: CITRUS COUNTY MARINE, INC.

## Current Principal Place of Business:

3538 S. SUNCOAST BLVD.  
HOMOSASSA, FL 34448 US

## New Principal Place of Business:

3120 S. SUNCOAST BLVD.  
HOMOSASSA, FL 34448 US

## Current Mailing Address:

3538 S. SUNCOAST BLVD.  
HOMOSASSA, FL 34448 US

## New Mailing Address:

3120 S. SUNCOAST BLVD.  
HOMOSASSA, FL 34448 US

FEI Number: 59-2616007

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MASON, EDWARD  
3538 S SUNCOAST BLVD  
HOMOSASSA, FL 34448 US

## Name and Address of New Registered Agent:

MASON, EDWARD  
3120 S SUNCOAST BLVD  
HOMOSASSA, FL 34448 US

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:

07/23/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVP ( ) Delete  
Name: MASON, EDWARD,  
Address: 3538 S SUNCOAST BLVD  
City-St-Zip: HOMOSASSA SPRINGS, FL

Title: ST ( ) Delete  
Name: MASON, DIANE,  
Address: 3538 S SUNCOAST BLVD  
City-St-Zip: HOMOSASSA SPRINGS, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVP (X) Change ( ) Addition  
Name: MASON, EDWARD,  
Address: 3120 S SUNCOAST BLVD  
City-St-Zip: HOMOSASSA, FL 34448

Title: S (X) Change ( ) Addition  
Name: MASON, DIANE,  
Address: 3120 S SUNCOAST BLVD  
City-St-Zip: HOMOSASSA, FL 34448

Title: T ( ) Change (X) Addition  
Name: BRIAN EDWARD MASON,  
Address: 3120 S. SUNCOAST BLVD  
City-St-Zip: HOMOSASSA, FL 34448

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE MASON

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07/23/2006

Electronic Signature of Signing Officer or Director

Date