

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 623146**

1. Entity Name  
**CITRUS ENGINEERING & SURVEYING, INC.**



Principal Place of Business  
**3585 E GULF TO LAKE HWY  
INVERNESS, FL 34453 US**

Mailing Address  
**P O BOX 147  
LELANTO, FL 34460 US**



04152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1894859</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**DAVIS, T E  
9844 NE 17TH PATH  
COUNTY ROAD 222  
WILDWOOD, FL 34785**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PVSE
NAME	DAVIS, THEODORE E
STREET ADDRESS	9844 NE 17TH PATH
CITY-ST-ZIP	WILDWOOD, FL 00000.

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000127614  
04/26/04-80004-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THEODORE E. DAVIS**

**4-21-04 352-860-1145**

Date

Daytime Phone #