2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Mar 06, 2007 08:00 AM Secretary of State

DOCUMENT #6	23	14	เล
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1. Entity Name

CITRUS ENGINEERING & SURVEYING, INC.



Principal Place of Business

3585 E GULF TO LAKE HWY INVERNESS, FL 34453 US

Mailing Address

3585 E GULF TO LAKE HWY INVERNESS, FL 34453 US



01082007

No Chg-P

CR2E034 (11/05)

352 -860-1145

4. FEI Number 59-1894859

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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6. 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_	•	• •		,	····T			
Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.			· · ·	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS				•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSE DAVIS, THEODORE E 9844 NE 17TH PATH WILDWOOD, FL 00000,				03/15/07-80002-0	21 150.00		
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STREET ADDRESS CITY+ST-ZIP								
12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is the and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee emperated 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 emperated.								

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR