


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90135 050 ****61.25

DOCUMENT # 724900 1. Entity Name CITRUS COUNTY FAIR ASSOCIATION INC.	
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Principal Place of Business 3600 SO. FLORIDA AVE. INVERNESS, FL 34450	Mailing Address 3600 SO. FLORIDA AVE. INVERNESS, FL 34450
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04042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1516795	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRANT, JEAN 3600 SOUTH FLORIDA AVE. INVERNESS, FL 34450

<p>DO NOT WRITE IN THIS SPACE</p>
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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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	DAVIS, CHARLES
STREET ADDRESS	3075 S FLORIDA AVE
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	VPD
NAME	HOPPERT, WILLIAM
STREET ADDRESS	555 STUCK PT
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	PD
NAME	MAYBERRY, NELL
STREET ADDRESS	409 QUAIL ROOST DR
CITY-ST-ZIP	INVERNESS, FL
TITLE	AS
NAME	FAIR, THAYER R. <i>Rebate</i>
STREET ADDRESS	% 3600 S. FL. AVENUE
CITY-ST-ZIP	INVERNESS, FL
TITLE	ESD
NAME	PORTER, HAL
STREET ADDRESS	42202 OLD JONES RD
CITY-ST-ZIP	FLORAL CITY, FL 34436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<p>DO NOT WRITE IN THIS SPACE</p>
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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 617, 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: *JEAN GRANT*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 2005 *(352) 726-*
Date Daytime Phone #