


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90020 040 ****61.25

DOCUMENT # 745199			
1. Entity Name CITRUS UNITED BASKET, INC.			
Principal Place of Business 103 MILL AVE INVERNESS FL 34450 US		Mailing Address P.O. BOX 2094 INVERNESS FL 34451-2094 US	
2. Principal Place of Business 103 Mill Ave		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Inverness, FL		City & State	
Zip 34450	Country CITRUS	Zip	Country
4. FEI Number 59-2553570		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAVOIUS, NOLA 103 MILL AVE INVERNESS FL 34450		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERICSON, EDWARD PO BOX 387 DUNNELLON FL 34432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRANT, JEAN PO BOX 513 FLORAL CITY FL 34436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T IVERSON, BOB P.O. BOX 2015 INVERNESS FL 34451 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEPPER, JACQUE 200 CHERRY AVE INVERNESS FL 34450 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary Linda Varone 8059 W. Jonathan Lane Crystal River, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, DORA 9730 E REGENCY ROW INVERNESS FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CADY, WARD 3322 HIGHGATE PT INVERNESS FL 34452 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Tony Sanchez 3102 S BLAKE DR INVERNESS FL 34450

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: *Bob Iverson* - **BOB IVERSON**

1-2-06 352-344-2242