


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90053 039 \*\*\*150.00

<b>DOCUMENT # 846859</b>	
1. Entity Name <b>CITRUS PUBLISHING, INC.</b>	

Principal Place of Business <b>1624 N. MEADOWCREST CRYSTAL RIVER, FL 34429 US</b>	Mailing Address <b>P.O. BOX 549 SHELBYVILLE, KY 40066 US</b>
--	---

**44004162**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01162004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABERNATHY, MICHAEL G</b>	NAME	
STREET ADDRESS	<b>601 TAYLORSVILLE ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SHELBYVILLE, KY 40065</b>	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PITTMAN, COLLEEN</b>	NAME	
STREET ADDRESS	<b>150 W BRAMBLETON AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NORFOLK, VA 23510</b>	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRIDDELL, GUY</b>	NAME	
STREET ADDRESS	<b>150 W BRAMBLETON AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NORFOLK, VA, VA</b>	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, SUSAN D</b>	NAME	<b>AS Susan S. Goetz</b>
STREET ADDRESS	<b>150 W BRAMBLETON AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NORFOLK, VA</b>	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, GARY D.</b>	NAME	
STREET ADDRESS	<b>601 TAYLORSVILLE RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SHELBYVILLE, KY</b>	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULLIGAN, GERARD</b>	NAME	
STREET ADDRESS	<b>1624 N MEADOWCREST BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CRYSTAL RIVER, FL</b>	CITY-ST-ZIP	

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 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: **Susan S. Goetz** **Susan S. Goetz** 1/20/04 757-446-2013  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #