


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 846859
 1. Entity Name
 CITRUS PUBLISHING, INC.



Principal Place of Business
 1624 N. MEADOWCREST
 CRYSTAL RIVER, FL 34429 US

Mailing Address
 P.O. BOX 549
 SHELBYVILLE, KY 40066 US



03012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 54-1145119

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1107000258670
 03/10/05-80050-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ABERNATHY, MICHAEL G 601 TAYLORSVILLE ROAD SHELBYVILLE, KY 40065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PITTMAN, COLLEEN 150 W BRAMBLETON AVE NORFOLK, VA 23510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRIDDELL, GUY 150 W BRAMBLETON AVE NORFOLK, VA, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GOETZ, SUSAN S 150 W BRAMBLETON AVE NORFOLK, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MILLER, GARY D. 601 TAYLORSVILLE RD SHELBYVILLE, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MULLIGAN, GERARD 1624 N MEADOWCREST BLVD CRYSTAL RIVER, FL

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)(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 3/1/05 757/446-2013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #