

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 11, 2008 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

**150 WEST BRAMBLETON AVENUE
NORFOLK, VA 23510 US**



01252008 No Chg-P CR2E034 (11/05)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

U000000821675
02/19/08-80035-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 Goetz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/08 *757-446-2013*