

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000007259

1. Entity Name

CITRUS GROVE GENERAL, INC.



Principal Place of Business

3500 EASTERN BOULEVARD
MONTGOMERY, AL 36118

Mailing Address

3500 EASTERN BOULEVARD
MONTGOMERY, AL 36118



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1880057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000351123
05/02/05-80133-003 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ARONOV, JAKE F
STREET ADDRESS 3500 EASTERN BOULEVARD
CITY - ST - ZIP MONTGOMERY, AL 36116

TITLE VD
NAME ARONOV, OWEN W
STREET ADDRESS 3500 EASTERN BOULEVARD
CITY - ST - ZIP MONTGOMERY, AL 36116

TITLE VST
NAME AUTREY, JENNIFER P
STREET ADDRESS 3500 EASTERN BOULEVARD
CITY - ST - ZIP MONTGOMERY, AL 36116

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
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CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 334-277-1080
Date Daytime Phone #