2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000002869

1. Entity Name
CITIZENS SERVICES, INC.

Principal Place of Business
1024 ELYSIAN FIELDS AVENUE
NEW ORLEANS, LA 70117

Mailing Address
1024 ELYSIAN FIELDS AVENUE
NEW ORLEANS, LA 70117

07032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2075755

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE STE 4
WESTON, FL 33331

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
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VCD
NAME	ALIBI, SUNDAY
STREET ADDRESS	1201 22ND STREET EAST
CITY-ST-ZIP	ST. PAUL, MN 55404
TITLE	D
NAME	LEON, ROSALIE
STREET ADDRESS	3930 DELTA STREET
CITY-ST-ZIP	SAN DIEGO, CA 92113
TITLE	D
NAME	DOMINGUEZ, TERESA
STREET ADDRESS	7425 S CHAPPEL
CITY-ST-ZIP	CHICAGO, IL 60649
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000572633
08/07/06-80005-011 150.00

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: Donnal Thaw 8/3/06 504-943-5954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #