
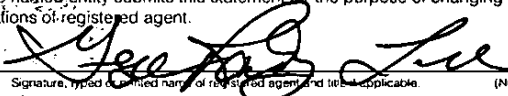
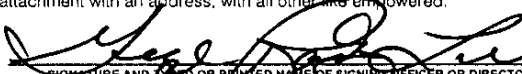


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90418 032 ***150.00

DOCUMENT # H57076			
1. Entity Name CITRUS AIR, INC.			
Principal Place of Business 2654 SE BROADUS DR ARCADIA, FL 34266 US		Mailing Address P.O. BOX 1551 ARCADIA, FL 34265	
2. Principal Place of Business - No P.O. Box # 4789 S.E. Wheat Ave. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1551 Suite, Apt. #, etc.	
City & State Arcadia, FL		City & State Arcadia, FL	
Zip 34266	Country USA	Zip 34265	Country USA
6. Name and Address of Current Registered Agent LEE, GEORGE RANDY 2654 SE BROADUS DR ARCADIA, FL 34266		7. Name and Address of New Registered Agent Name Lee, George Randy Street Address (P.O. Box Number is Not Acceptable) 4789 S.E. Wheat Avenue City Arcadia FL Zip Code 34266	
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 4-25-07 <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEE, GEORGE RANDY P.O. BOX 1551 N/A ARCADIA, FL 342651551 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	No Change <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date 04-25-07 Daytime Phone # CELLULAR PHONE 254-246-2002	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	