


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90031 011 \*\*\*150.00

|   |                        |  |                  |
|---|------------------------|--|------------------|
| <b>DOCUMENT # H97257</b><br>1. Entity Name<br><b>CITRA STORAGE, INC.</b>  |                        |   |                  |
| Principal Place of Business<br><b>2295 NE 182ND PLACE<br/>CITRA, FL 32113</b>   |                        | Mailing Address<br><b>HIGHWAY 318 &amp; CLEMMONS ROAD<br/>PO BOX 728<br/>ANTHONY, FL 32617-0728 US</b>                               |                  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |                        | 3. Mailing Address<br><b>PO BOX 27</b><br>Suite, Apt. #, etc.  |                  |
| City & State<br><b>CITRA FL</b>   |                        | 4. FEI Number<br><b>59-2728196</b>   |                  |
| Zip<br><b>32113</b>   |                        | Country<br><b>USA</b>  |                  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |                        | Applied For<br><input type="checkbox"/> Not Applicable   |                  |
| 6. Name and Address of Current Registered Agent<br><b>ROBERTS, ROGER T.<br/>3050 NE 955T<br/>P.O. BOX 728<br/>ANTHONY, FL 32617</b>   |                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                  |
| 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.<br>SIGNATURE: <u><i>Roger Roberts</i></u> DATE: <u>1-31-05</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating)</small>  |                        |  |                  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |                        | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                  |                  |
| 10. OFFICERS AND DIRECTORS  |                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |                  |
| TITLE   | D<br>ROBERTS, ROGER T. | TITLE  | Robert, Roger T  |
| NAME  |                        | NAME   |                  |
| STREET ADDRESS  | P. O. BOX 728 NA       | STREET ADDRESS   | PO BOX 730       |
| CITY-ST-ZIP   | ANTHONY, FL            | CITY-ST-ZIP  | ANTHONY FL       |
| <input type="checkbox"/> Delete   |                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |                  |
| TITLE   | DST                    | TITLE  |                  |
| NAME  | TOCHMAN, LINDA I       | NAME   |                  |
| STREET ADDRESS  | P.O. BOX 128           | STREET ADDRESS   |                  |
| CITY-ST-ZIP   | CITRA, FL 32113        | CITY-ST-ZIP  |                  |
| <input type="checkbox"/> Delete   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                  |
| TITLE   | D                      | TITLE  |                  |
| NAME  | SIMS, KAREN            | NAME   |                  |
| STREET ADDRESS  | P. O. BOX 1000 NA      | STREET ADDRESS   |                  |
| CITY-ST-ZIP   | CITRA, FL 32617        | CITY-ST-ZIP  |                  |
| <input type="checkbox"/> Delete   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                  |
| TITLE   | D                      | TITLE  |                  |
| NAME  | OSTANIK, FRANK A.      | NAME   |                  |
| STREET ADDRESS  | P. O. BOX 185 NA       | STREET ADDRESS   |                  |
| CITY-ST-ZIP   | CITRA, FL              | CITY-ST-ZIP  |                  |
| <input type="checkbox"/> Delete   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                  |
| TITLE   | D                      | TITLE  | LUFFMAN, JERRY W |
| NAME  |                        | NAME   |                  |
| STREET ADDRESS  | P. O. BOX 430 NA       | STREET ADDRESS   | PO BOX 165       |
| CITY-ST-ZIP   | SPARR, FL              | CITY-ST-ZIP  | SPARR FL         |
| <input type="checkbox"/> Delete   |                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |                  |
| TITLE   |                        | TITLE  |                  |
| NAME  |                        | NAME   |                  |
| STREET ADDRESS  |                        | STREET ADDRESS   |                  |
| CITY-ST-ZIP   |                        | CITY-ST-ZIP  |                  |
| <input type="checkbox"/> Delete   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                  |
| 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: <u><i>Roger Roberts</i></u> <b>Roger Roberts</b>   |                        | Date: <u>1-31-05</u> Daytime Phone #   |                  |

40010340



01242005 Chg-P CR2E034 (10/03)