


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90267 046 \*\*\*150.00

<b>DOCUMENT # H97257</b> 1. Entity Name <b>CITRA STORAGE, INC.</b>					
Principal Place of Business <b>2295 NE 182ND PLACE CITRA, FL 32113</b>			Mailing Address <b>PO BOX 27 CITRA, FL 32113 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2728196</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ROBERTS, ROGER T. 3050 NE 955T P.O. BOX 728 ANTHONY, FL 32617</b>				7. Name and Address of New Registered Agent Name <b>ROBERTS, ROGER T.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3050 NE 95TH STREET PO BOX 730 ANTHONY FL 32617</b>	
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 <u><i>Roger Roberts</i></u> <b>Roger Roberts</b> <u>1-12-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, ROGER T. PO BOX 730 ANTHONY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ROBERTS, ROGER T. PO BOX 730 ANTHONY FL 32617</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TOCHMAN, LINDA P.O. BOX 128 CITRA, FL 32113	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEDEMA, KAREN (Sims) PO BOX 1000 CITRA FL 32113	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMS, KAREN P. O. BOX 1000 NA CITRA, FL 32617	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OSTANIK, FRANK A PO BOX 185 CITRA, FL 32113	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTANIK, FRANK A. P. O. BOX 185 NA CITRA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LUFFMAN, JERRY W PO BOX 165 SPARR, FL 32192	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUFFMAN, JERRY W. PO BOX 165 SPARR, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LUFFMAN, JERRY W PO BOX 165 SPARR FL 32192	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTANIK, FRANK A. P. O. BOX 185 NA CITRA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LUFFMAN, JERRY W PO BOX 165 SPARR FL 32192	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Roger Roberts</i></u> <b>ROGER ROBERTS</b> <u>1-12-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					