


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90030 045 ***150.00

DOCUMENT # H97257 1. Entity Name CITRA STORAGE, INC.					
Principal Place of Business 2205 NE 102ND PLACE CITRA, FL 32113			Mailing Address PO BOX 27 CITRA, FL 32113 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2728196	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERTS, ROGER T 3050 NE 95TH ST P.O. BOX 730 ANTHONY, FL 32617				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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> DATE <u>1-20-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	D ROBERTS, ROGER T. <input type="checkbox"/> Delete PO BOX 730 ANTHONY, FL 32617		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TOCHMAN, LINDA I <input type="checkbox"/> Delete P.O. BOX 128 CITRA, FL 32113		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDEMA, KAREN S <input type="checkbox"/> Delete P. O. BOX 1000 NA CITRA, FL 32113		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTANIK, FRANK A. <input checked="" type="checkbox"/> Delete P. O. BOX 185 NA CITRA, FL 32113		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSAN T OSTANIK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition POB 185 CITRA FL 32113	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUFFMAN, JERRY W. <input checked="" type="checkbox"/> Delete PO BOX 165 SPARR, FL 32192		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLORIA T. LUFFMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition POB 165 SPARR FL 32192	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY ANN ROBERTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition POB 730 ANTHONY FL 32617	
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> ROGER ROBERTS <u>1-20-08</u> <u>352-627-4021</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					