

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H97257

FILED
Feb 04, 2009
Secretary of State

Entity Name: CITRA STORAGE, INC.

Current Principal Place of Business:

2295 NE 182ND PLACE
CITRA, FL 32113

New Principal Place of Business:

Current Mailing Address:

PO BOX 27
CITRA, FL 32113 US

New Mailing Address:

FEI Number: 59-2728196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, ROGER T
3050 NE 95TH ST
P.O. BOX 730
ANTHONY, FL 32617 US

Name and Address of New Registered Agent:

ROBERTS, ROGER T
3050 NE 95TH ST
ANTHONY, FL 32617 US

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.

SIGNATURE:

02/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROBERTS, ROGER T.,
Address: PO BOX 730
City-St-Zip: ANTHONY, FL 32617

Title: DST () Delete
Name: TOCHMAN, LINDA I
Address: P.O. BOX 128
City-St-Zip: CITRA, FL 32113

Title: D () Delete
Name: MEDEMA, KAREN S
Address: P. O. BOX 1000 NA
City-St-Zip: CITRA, FL 32113

Title: D () Delete
Name: OSTANIK, SUSAN
Address: POB 185
City-St-Zip: CITRA, FL 32113

Title: D () Delete
Name: LUFFMAN, GLORIA
Address: PO BOX 165
City-St-Zip: SPARR, FL 32192

Title: D () Delete
Name: ROBERTS, MARY ANN
Address: PO BOX 730
City-St-Zip: ANTHONY, FL 32617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TOCHMAN, LINDA I
Address: P.O. BOX 128
City-St-Zip: CITRA, FL 32113

Title: D (X) Change () Addition
Name: MEDEMA, KAREN S
Address: P. O. BOX 1000
City-St-Zip: CITRA, FL 32113

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER T ROBERTS

RA/D

02/04/2009

Electronic Signature of Signing Officer or Director

Date