


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # J48548 1. Entity Name CITRUS 44, INC.	
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Principal Place of Business 8801 RIVER CROSSING BLVD NEW PORT RICHEY, FL 34655 US	Mailing Address P.O. BOX 2108 ELFERS, FL 34680-2108 US
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01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2747453	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUDSON, JOHN E. 8801 RIVER CROSSING BLVD NEW PORT RICHEY, FL 34655

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUDSON, JOHN E. 8801 RIVER CROSSING BLVD NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SILVA, SUSAN 8801 RIVER CROSSING BLVD NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MINIERI, CARL 29656 US 19 NO, STE 100 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000546213 05/11/06-80106-019 150.00
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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 another like empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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