

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90396 034 ***150.00

DOCUMENT # L01938 1. Entity Name CITRONELLE DEVELOPMENT, INC.					
Principal Place of Business PO BOX 635 CRYSTAL RIVER, FL 34423 US			Mailing Address 23162 SW 117TH ST DUNN, FL 34431 US		
2. Principal Place of Business 7968 W. Oak Chase Ct.		3. Mailing Address 7968 W. OAK CHASE CT.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State DUNNELLON, FL		City & State DUNNELLON, FL		4. FEI Number 59-2957647	
Zip 34433		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HOBBS, JAMES COLUMBUS, III 23162 SW 117TH ST. DUNNELLON, FL 34431			7. Name and Address of New Registered Agent Name SAME NAME Street Address (P.O. Box Number is Not Acceptable) 7968 W. OAK CHASE CT City DUNNELLON FL Zip Code 34433		
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 reinstating.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PT HOBBS, JAMES COLUMBUS III 23162 SW 117TH ST. DUNNELLON, FL 34431 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input checked="" type="checkbox"/> Delete HOBBS, DEENA B 23162 SW 117TH ST. DUNNELLON, FL 34431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>James C. Hobbs III</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			JAMES C. HOBBS III Date 3-16-05 Daytime Phone # 352-302-2635		