

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L53802

1. Entity Name
CITRUS SAND AND DEBRIS, INC.



Principal Place of Business
**POST OFFICE BOX 455
CRYSTAL RIVER, FL 34423 US**

Mailing Address
**POST OFFICE BOX 455
CRYSTAL RIVER, FL 34423 US**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2996765

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROOKS, RALPH F.
945 NE 3RD AVE.
CRYSTAL RIVER, FL 32623**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROOKS, RALPH F. 945 NE 3RD AVE. CRYSTAL RIVER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROOKS, TODD P. 2110 MELANIE DR HOMOSASSA, FL 34447
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROOKS, ALAN B 335 NE CRYSTAL ST APT #1 CRYSTAL RIVER, FL 34423
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/19/05-80053-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Ralph F. Rooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-05

Date

352-746-7713

Daytime Phone #