

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L53802

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: CITRUS SAND AND DEBRIS, INC.

## Current Principal Place of Business:

1590 N QUARTERBACK TERR  
CRYSTAL RIVER, FL 34429 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 455  
CRYSTAL RIVER, FL 34423 US

## New Mailing Address:

450 PLEASANT GROVE RD  
INVERNESS, FL 34452 US

FEI Number: 59-2996765

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

MC CRANIE III, ROBERT E DP  
450 PLEASANT GROVE RD.  
INVERNESS, FL 34452 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: ROBERT E. MC CRANIE, III

02/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: ROOKS, RALPH F.,  
Address: 945 NE 3RD AVE.  
City-St-Zip: CRYSTAL RIVER, FL

Title: DV ( ) Delete  
Name: ROOKS, TODD P.,  
Address: 2110 MELANIE DR  
City-St-Zip: HOMOSASSA, FL 34447

Title: DST ( ) Delete  
Name: ROOKS, ALAN B  
Address: 335 NE CRYSTAL ST APT #1  
City-St-Zip: CRYSTAL RIVER, FL 34423

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: MC CRANIE III, ROBERT E DP  
Address: 450 PLEASANT GROVE RD.  
City-St-Zip: INVERNESS, FL 34452 US

Title: VP (X) Change ( ) Addition  
Name: ROOKS, TODD P VP  
Address: 2110 MELANIE DR  
City-St-Zip: HOMOSASSA, FL 34447 US

Title: ST (X) Change ( ) Addition  
Name: ROOKS, NELSENE Y ST  
Address: 945 NE 3RD AVE  
City-St-Zip: CRYSTAL RIVER, FL 34428 US

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: ROBERT E. MC CRANIE III

DP

02/03/2009

Electronic Signature of Signing Officer or Director

Date