

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90077 007 \*\*\*150.00

**DOCUMENT # M79919**

1. Entity Name  
**CITRICORP, INC.**



Principal Place of Business  
**% RONALD P. GRIGSBY  
BOX 985  
LAKE PLACID FL 33852**

Mailing Address  
**% RONALD P. GRIGSBY  
BOX 985  
LAKE PLACID FL 33852**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3024538** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIGSBY, RONALD P.  
1511 US 27 SOUTH  
LAKE PLACID FL 33852**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

|                |                                   |
|----------------|-----------------------------------|
| TITLE          | D <input type="checkbox"/> Delete |
| NAME           | GRIGSBY, SAMUEL F., JR            |
| STREET ADDRESS | 1070 ST IVES CT                   |
| CITY-ST-ZIP    | MORRISTOWN TN                     |
| TITLE          | D <input type="checkbox"/> Delete |
| NAME           | GRIGSBY, RONALD P.                |
| STREET ADDRESS | 2123 REANEY ROAD                  |
| CITY-ST-ZIP    | LAKELAND FL                       |
| TITLE          | D <input type="checkbox"/> Delete |
| NAME           | GULLEY, JAMES W.                  |
| STREET ADDRESS | 4512 OLD CARRIAGE TR.             |
| CITY-ST-ZIP    | OVIDO FL 32765                    |
| TITLE          | D <input type="checkbox"/> Delete |
| NAME           | GRIGSBY, LESLIE B.                |
| STREET ADDRESS | 1070 ST IVES CT                   |
| CITY-ST-ZIP    | MORRISTOWN TN                     |
| TITLE          | D <input type="checkbox"/> Delete |
| NAME           | GRIGSBY, CATHARINE E.             |
| STREET ADDRESS | 2123 REANEY ROAD                  |
| CITY-ST-ZIP    | LAKELAND FL                       |
| TITLE          | D <input type="checkbox"/> Delete |
| NAME           | GULLEY, MARTHA G.                 |
| STREET ADDRESS | 4512 OLD CARRIAGE TR.             |
| CITY-ST-ZIP    | OVIDO FL 32765                    |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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:**

*Ronald Grigsby*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

863-465-4455

Date Daytime Phone #