

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M79919**

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



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



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3024538**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	OVIEDO 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	OVIEDO FL 32765	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000279155	
STREET ADDRESS	03/28/05-80055-016 150.00	
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)(f), 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

**RONALD GRIGSBY**

**3/25/05**

**863-465-4455**

Date

Daytime Phone #