

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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



02272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME GRIGSBY, SAMUEL F., JR
STREET ADDRESS 321 LOCHMERE DR
CITY-ST-ZIP MORRISTOWN, TN 37814

TITLE D
NAME GRIGSBY, RONALD P.
STREET ADDRESS 2123 REANEY ROAD
CITY-ST-ZIP LAKELAND, FL

TITLE D
NAME GULLEY, JAMES W.
STREET ADDRESS 4512 OLD CARRIAGE TR.
CITY-ST-ZIP OVIEDO, FL 32765

TITLE D
NAME GRIGSBY, LESLIE B.
STREET ADDRESS 321 LOCKMERE DR
CITY-ST-ZIP MORRISTOWN, TN 37814

TITLE D
NAME GRIGSBY, CATHARINE E.
STREET ADDRESS 2123 REANEY ROAD
CITY-ST-ZIP LAKELAND, FL

TITLE D
NAME GULLEY, MARTHA G.
STREET ADDRESS 4512 OLD CARRIAGE TR.
CITY-ST-ZIP OVIEDO, FL 32765

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05/21/08-80041-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4-4-08

Date

863/465-4455

Daytime Phone #