## 2005 FOR PROFIT CORPORATION

## Jan 24, 2005 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # M89040** CITBELT INVESTMENTS, INC. Principal Place of Business Mailing Address 8750 LK HANCOCK RD P O BOX 770429 WINTER GARDEN, FL 34787 WINTER GARDEN, FL US 01172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2910066 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FIELDS, RANDOLPH H DO NOT WRITE 111 NORTH ORANGE AVENUE 20TH FLOOR IN THIS SPACE ORLANDO, FL 32801 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 reinstalling) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE RICQUETTE, RICHARD NAME 000000191895 01/24/05-80191-018 150.00 STREET ADDRESS 6101 PIER PL DR CITY-ST-ZIP LAKELAND, FL 33814 VD TITLE FICQUETTE, THOMAS NAME 100 GROSVENOR DR STREET ADDRESS CITY-ST-ZIP RALEIGH, NC 27615 STD TITLE FICQUETTE, JOHN D NAME 8750 IKE HANCOCK ROAD STREET ADDRESS DO NOT WRITE CITY-ST-ZIP WINTER GARDEN, FL 34787 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 wher like empowered. changed, or on an attachment with

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #

**FILED**