

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000005831

1. Entity Name
CITIZEN'S HIGHWAY INITIATIVE PROGRAM, INC.



Principal Place of Business
**155 NORTH BRIDGE STREET
LABELLE, FL 33935**

Mailing Address
**PO BOX 757
LABELLE, FL 33975**



01162006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-1041401

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HALL, LARRY T
155 NORTH BRIDGE STREET
LABELLE, FL 33935**

**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 reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000493262
04/19/06-80099-007 61.25**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HALL, LARRY T 155 NORTH BRIDGE STREET LABELLE, FL 33935 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GROVES, JANICE 4012 ROCKAWAY LANE LABELLE, FL 33935 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAIRD, LESTER B SR 25 EAST HICHPOCHEE AVENUE LABELLE, FL 33935 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOARDMAN, THOMAS K RT 2 BOX 134, POLLYWOG PT. LABELLE, FL 33935 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/06

863-675-1313