2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000007417

1. Entity Name
KEEP CITRUS COUNTY BEAUTIFUL INC.

Principal Place of Business	Mailing Address
1700 FOREST DRIVE INVERNESS, FL 34453 US	PO BOX 94 LECANTO, FL 34460-0094 US

04102006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3751769
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLBERT, MICHAEL
4759 N. CRESTLINE DR.
BEVERLY HILLS, FL 3446

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COLBERT, MIKE
STREET ADDRESS	4759 N. CRESTLINE DR.
CITY-ST-ZIP	BEVERLY HILLS, FL 34465
TITLE	V
NAME	YETNER, FRANK A
STREET ADDRESS	PO BOX 78
CITY-ST-ZIP	LECANTO, FL 34460
TITLE	S
NAME	METCALFE, SUSAN J
STREET ADDRESS	PO BOX 340
CITY-ST-ZIP	LECANTO, FL 344600340
TITLE	T
NAME	PETERSON, IRVIN L
STREET ADDRESS	882 W. COLBERT CT.
CITY-ST-ZIP	BEVERLY HILLS, FL 34465
TITLE	D
NAME	TURCK, JOE
STREET ADDRESS	3303 W. CARDINAL STREET
CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00U0505461
04/26/06-80116-016 61.25

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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 empowerment.

SIGNATURE: Mike Colbert PRES 4-10-06 352-746-1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #