2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005066

FILED Apr 29, 2005 Secretary of State

Entity Name: CITRUS ROADRUNNERS, INC.

Current Principal Place of Business:				New Principal Place of Business:			
PO BOX 94 INVERNES	s, FL 34451	US					
Current Mailing Address:				New Mailing Address:			
PO BOX 94 INVERNES	, S, FL 34451	US					
FEI Number:	59-3578215	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate	of Status Desired ()
Name and	Address of Cu	rrent Registered Agent:		Name and	Address of N	lew Regis	tered Agent:
5121 E. TA	HRISTOPHER NGELO LN S, FL 34453	M US		520 HICKO	:HRISTOPHEI RY RD S, FL 34450	RM US	
The above in the State		ıbmits this statement for the pu	irpose of	changing it	s registered o	ffice or reg	gistered agent, or both,
SIGNATURE: CHRISTOPHER M. MOLING						04/	29/2005
	Electronic	Signature of Registered Ager	nt			Da	ate
OFFICERS	AND DIRECT	ORS:		ADDITION	S/CHANGES	TO OFFIC	ERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	D () E DOREY, PAUL 7192 N DELTONA DUNNELLON, FL			Title: Name: Address: City-St-Zip:	()	Change()	Addition
Title: Name: Address: City-St-Zip:	T () E ROGERS, SHIVE 8801 E WIND CT FLORAL CITY, FI			Title: Name: Address: City-St-Zip:	()	Change()	Addition
Title: Name: Address: City-St-Zip:	D () E MATTHEWS, LAF 8015 N TOWER N CITRUS SPRING	WAY		Title: Name: Address: City-St-Zip:	()	Change()	Addition
Title: Name: Address: City-St-Zip:	P () E MOLING, CHRIST P.O. BOX 177 INVERNESS, FL			Title: Name: Address: City-St-Zip:	()	Change()	Addition
Title: Name: Address: City-St-Zip:	V () E SEIDMAN, KARL 359 N GOLF HAR INVERNESS, FL			Title: Name: Address: City-St-Zip:	()	Change()	Addition
Title: Name: Address: City-St-Zip:	D () E JOINER, COLON 283 W REXFORE BEVERLY HILLS	D DR		Title: Name: Address: City-St-Zip:	D (X) JOINER, COLO 3207 SE 23 AV OCALA, FL 344	E	Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER M. MOLING PRES 04/29/2005