

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000006181

1. Entity Name
CITIZENS FOR LOWER TAXES, INC.



Principal Place of Business
**2626 N.W. 58TH BLVD.
GAINSVILLE, FL 32606**

Mailing Address
**2626 N.W. 58TH BLVD.
GAINSVILLE, FL 32606**



04262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3711494	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ENWALL, PETER C
2626 N.W. 58TH BLVD.
GAINSVILLE, FL 32606**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	ENWALL, PETER C
STREET ADDRESS	2626 N.W. 58TH BLVD.
CITY-STATE-ZIP	GAINSVILLE, FL 32606

TITLE	D
NAME	FULLER, BARBARA M
STREET ADDRESS	6552 NW. 37TH DR.
CITY-STATE-ZIP	GAINESVILLE, FL 32653

TITLE	D
NAME	COMRAD, JOSEPH H
STREET ADDRESS	1824 NW. 10TH AVE.
CITY-STATE-ZIP	GAINESVILLE, FL 32605

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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04/29/04-80084-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: PETER C. ENWALL 04/26/04 352-376-6163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #