2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # N03866

1. Entity Name

CITRUS COUNTY ARCHERS INC.

Principal Place of Business	Mailing Address
4057 GLORIA DR HERNANDO FL 34442	4057 GLORIA DR HERNANDO FL 34442

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #. etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number   59-2870829 | Applied For / Not Applicab

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NORTHCUTT, C R 4057 GLORIA DR HERNANDO FL 34442	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 accep the obligations of registered agent.

SIGNATURE _____

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

FILE NOW: FEE IS $61.25 **Due By May 1, 2006**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make Check Payable to** **Florida Department of State**

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORTHCUTT, C R 4057 GLORIA DR HERNANDO FL 34442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000414719 02/11/06-80047-025 61.25	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, ROBERT A 1547 N FOXBORO LOOP CRYSTAL RIVER FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BULLIS, JOHN A JR. 10049 SW 155TH ST DUNNELION FL 34432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 1 il changed, or on an attachment with an address, with all other like empowered.   see above 1 for 6

SIGNATURE: _C. R. Northcutt_   1/28/06   352-725-3593