


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90095 045 ****61.25

DOCUMENT # N04000000088		
1. Entity Name CITRUS RIDGE ACTIVITIES, INC.		

Principal Place of Business 214 CITRUS RIDGE DR DAVENPORT, FL 33837	Mailing Address 214 CITRUS RIDGE DR DAVENPORT, FL 33837
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04112007 Chg-NP CR2E037 (12/06)

4. FEI Number 80-0062057		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DEHNART, EDITH J 214 CITRUS RIDGE DR DAVENPORT, FL 33837		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHADSEY, JOAN W 26 CITRUS RIDGE DR DAVENPORT, FL 33837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHADSEY, JOAN W. 26 Citrus Ridge Dr. DAVENPORT, FL 33837 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUTZ, EULA J 188 CITRUS RIDGE DR DAVENPORT, FL 33837 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Dehnart, Edith Jean 202 Citrus Ridge Dr. DAVENPORT, FL 33837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSS, LUCRETIA A 411 CITRUS RIDGE DR DAVENPORT, FL 33837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSS, LUCRETIA A. 411 CITRUS RIDGE Drive DAVENPORT, FL 33837 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHADSEY, JOAN W 26 CITRUS RIDGE DR DAVENPORT, FL 33837 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bowie, Sandra 386 Citrus Ridge Dr DAVENPORT, FL <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEHNART, EDITH J 202 CITRUS RIDGE DR DAVENPORT, FL 33837 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lutz, Eula Jane 186 Citrus Ridge Dr DAVENPORT, FL 33837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Edith Jean Dehnart Edith Jean Dehnart 4/19/07 863-424-2909
Signature and typed or printed name of signing officer or director Date Daytime Phone #