## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 25, 2008 8:00 am Secretary of State

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DOCUMENT # N0700005980  1. Entity Name CITRUS EXCHANGE AND LOFTS, INC.				02-25-2008 90055 038 ***150.00			
2924 DAVIE RD., STE. 202 293		Mailing Address 2924 DAVIE RD., STE. 201 DAVIE, FL 33314	2924 DAVIE RD., STE. 202			nı gelir <b>bülür b</b> ill <b>ü (biş</b> ) feli	BBEID) ĜI TŜĒ!
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02202008 CI	hg-NP	CR2E037 (12/0	3)
City & State		City & State		4. FEI Number	 63D		Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of St		□ \$8.75 Fee Req	Additional
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New F	Registered Agent	
JOHNSON, DOUGLAS P.			Name				
2924 DAVI DAVIE, FL	E RD., STE. 202 33314		Street Address		Not Acceptable	e) 	
			City			<b>₽</b> ■ Zip (	ode
8. The above	named entity submits this statement for	or the purpose of changing its rec		stered agent, or both, in	the State of Flo	<u> </u>	
	ions of registered agent.		,				,
SIGNATURE.	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: Re	egistered Agent signature requi	ired when reinstating)		DATE	
SIGNATURE .	Filing Fee is \$61.25	9. Election Campa	aign Financing	\$5.00 May Be		lake check payabl	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Con	aign Financing tribution.	\$5.00 May Be Added to Fees	Floa	take check payabl	State
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Campa Trust Fund Con	aign Financing tribution.	\$5.00 May Be	Floa	lake check payable rida Department o	State
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Con	aign Financing tribution.	\$5.00 May Be Added to Fees	Floa	take check payabl	State
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DO  DP  JOHNSON, DOUGLAS P. 2924 DAVIE RD., STE. 202	9. Election Campa Trust Fund Con	aign Financing tribution.   11.  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Floa	lake check payable rida Department o	F State  S IN 10  B Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DO  DP JOHNSON, DOUGLAS P. 2924 DAVIE RD., STE. 202 DAVIE, FL 33314  DVST JOHNSON, DINA 2924 DAVIE RD., STE. 202	9. Election Campa Trust Fund Con RECTORS	aign Financing tribution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Floa	flake check payable ida Department o	F State  F IN 10  P Addition  P Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DI  DP JOHNSON, DOUGLAS P. 2924 DAVIE RD., STE. 202 DAVIE, FL 33314  DVST JOHNSON, DINA 2924 DAVIE RD., STE. 202 DAVIE, FL 33314  D FURNESS, SHERRY -2924 DAVIE RD., STE. 202	9. Election Campa Trust Fund Con  RECTORS  Delete	aign Financing tribution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Floa	RS AND DIRECTORS Chan	F State  F IN 10  Re
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DI  DP JOHNSON, DOUGLAS P. 2924 DAVIE RD., STE. 202 DAVIE, FL 33314  DVST JOHNSON, DINA 2924 DAVIE RD., STE. 202 DAVIE, FL 33314  D FURNESS, SHERRY -2924 DAVIE RD., STE. 202	9. Election Campa Trust Fund Con  RECTORS  Delete  Delete	aign Financing tribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees	Floa	RAKE CHECK PAYABI rida Department o  RS AND DIRECTORS  Chan	F State  F IN 10  Re

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 employered 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 emplowered.

SIGNATURE: \_

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-08

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Daytime Phone #