

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008312

FILED
Feb 23, 2008
Secretary of State

Entity Name: CITRUS CYCLING, INC.

Current Principal Place of Business:

2099 E. MARCIA STREET
INVERNESS, FL 34453

New Principal Place of Business:

Current Mailing Address:

2099 E. MARCIA STREET
INVERNESS, FL 34453

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEVERANCE, STEVEN J
10081 N. CONRAD PT.
CITRUS SPRINGS, FL 34434 US

Name and Address of New Registered Agent:

DEBEER, HEIN I
2089 N. CROOKED BRANCH DR
LECANTO, FL 34461 US

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.

SIGNATURE: HEIN DEBEER

02/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SEVERANCE, STEVEN J
Address: 10081 N. CONRAD PT.
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: VP () Delete
Name: BUSK, JIM
Address: 5840 W. CINNAMON RIDGE DR
City-St-Zip: HOMOSASSA, FL 34448

Title: SEC () Delete
Name: PITTS, JULIE
Address: 2099 E. MARCIA STREET
City-St-Zip: INVERNESS, FL 34453

Title: TRES () Delete
Name: DEBEER, HEIN
Address: 2089 N. CROOKED BRANCH DR
City-St-Zip: LECANTO, FL 34461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HEIN DEBEER

TRES

02/23/2008

Electronic Signature of Signing Officer or Director

Date