

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011316

FILED  
Aug 29, 2012  
Secretary of State

Entity Name: THE CITE INC.

**Current Principal Place of Business:**

792 SUGAR CANE LANE  
PORT ORANGE, FL 32129

**New Principal Place of Business:**

**Current Mailing Address:**

792 SUGAR CANE LANE  
PORT ORANGE, FL 32129

**New Mailing Address:**

FEI Number: 36-4716839

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MOHRMAN, CHRISTOPHER  
792 SUGAR CANE LANE  
PORT ORANGE, FL 32129 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MONRMAN, CHRISTOPHER  
Address: 792 SUGAR CANE LANE  
City-St-Zip: PORT ORANGE, FL 32129

Title: DVP  
Name: MOHRMAN, KEREN  
Address: 792 SUGAR CANE LANE  
City-St-Zip: PORT ORANGE, FL 32129

Title: D  
Name: HOLLOWAY, RUSSELL  
Address: 2239 HIDDEN LAKE DR  
City-St-Zip: PORT ORANGE, FL 32129

Title: D  
Name: BODE, JESSICA  
Address: 4258 ORIOLE AVE  
City-St-Zip: PORT ORANGE, FL 3212

Title: D  
Name: BRATCHER, STEPHANIE  
Address: 132 INTEGRA SHORES DR #210  
City-St-Zip: DAYTONA BEACH, FL 32117

Title: D  
Name: HEPLER, LARRY  
Address: 95 HAY BALE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER MOHRMAN

PD

08/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date