


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90165 022 ****61.75

DOCUMENT # N11053 1. Entity Name CITRUS SPRINGS SURVEILLANCE UNIT, INC.	
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Principal Place of Business 11972 N BLUFF COVE PATH DUNNELLON, FL 34434	Mailing Address 11972 N BLUFF COVE PATH DUNNELLON, FL 34434
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01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2613645	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

MAXAM, TOMIE S
11972 N BLUFF COVE PATH
DUNNELLON, FL 34434

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD ANDERSON, LOUIS B 1688 W ELDER LN CITRUS SPRINGS, FL 34434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPVC MARTIN, MARY L 251 W. HOMEWAY LOOP CITRUS SPRINGS, FL 34434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAXAM, TOMIE S 11972 N BLUFF COVE PATH DUNNELLON, FL 34434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOPPER, ELIZABETH 8985 N JEANN DR CITRUS SPRINGS, FL 34434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TEPE, CHARLES 1495 W COUNTRY CLUB DRIVE CITRUS SPRINGS, FL 34434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Tomie S. Maxam* *Jan 6, 2006* *352-465-7448*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #