

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90031 019 ****61.25

DOCUMENT # N11053 1. Entity Name CITRUS SPRINGS SURVEILLANCE UNIT, INC.					
Principal Place of Business 11972 N BLUFF COVE PATH DUNNELLON, FL 34434			Mailing Address 11972 N BLUFF COVE PATH DUNNELLON, FL 34434		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2613645	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MAXAM, TOMIE S 11972 N BLUFF COVE PATH DUNNELLON, FL 34434			7. Name and Address of New Registered Agent Name Hofstetter, Frank Street Address (P.O. Box Number is Not Acceptable) 2476 W. Eric Dr. City Citrus Springs FL Zip Code 34434		
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 <i>Tomie Sue Maxam</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>April 16, 2008</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD ANDERSON, LOUIS B 1688 W ELDER LN CITRUS SPRINGS, FL 34434	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD Locke, Hal 1150 Cairo Dr. Citrus Springs, FL 34434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPVC MARTIN, MARY L 251 W. HOMEWAY LOOP CITRUS SPRINGS, FL 34434	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPVC Miller, Stanley 6947 N. Lockwood Way Citrus Springs, FL 34434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAXAM, TOMIE S 11972 N BLUFF COVE PATH DUNNELLON, FL 34434	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Hofstetter, Frank 2476 N. Eric Dr. Citrus Springs, FL 34434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOPPER, ELIZABETH 8985 N JEANN DR CIRTUS SPRINGS, FL 34434	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Maxam, Tomie 11972 N. Bluff Cove Path Dunnellon, FL 34434	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TEPE, CHARLES 1495 W COUNTRY CLUB DRIVE CITRUS SPRINGS, FL 34434	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Doll, Frank 3878 W. Matilda Ln Citrus Springs, FL 34434	<input 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 <i>Tomie Sue Maxam</i> <i>Tomie Sue Maxam</i> April 16, 2008 352-465-7448 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					