

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N11053 1. Entity Name: CITRUS SPRINGS SURVEILLANCE UNIT, INC.						FILED 08 SEP -4 PM 1:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent HOFSTETTER, FRANK 2476 W. ERIC DRIVE DUNNELLON, FL 34434				7. Name and Address of New Registered Agent Name <u>Tomie Sue Maxam</u> Street Address (P.O. Box Number is Not Acceptable) <u>1192 N Bluff Cove Path</u> City <u>Dunnellon</u> FL Zip Code <u>34434</u>			
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 <u>Tomie Maxam, Secretary Tomie Sue Maxam</u> <u>July 25, 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25				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 LOCKE, HAL 1150 CAIRO DRIVE CITRUS SPRINGS, FL 34434 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800135637158 09/10/08--01007--011 **\$1.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPVC MILLER, STANLEY 6947 N. LOCKWOOD WAY CITRUS SPRINGS, FL 34434 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOFSTETTER, FRANK 2476 N. ERIC DRIVE CITRUS SPRINGS, FL 34434 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAXAM, TOMIE 11972 N. BLUFF COVE PATH DUNNELLON, FL 34434 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DOLL, FRANK 3878 W. MATILDA LANE CITRUS SPRINGS, FL 34434 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Kathleen Emond</u> <u>1615 Odair Ln</u> <u>Citrus Springs 71 34434</u>		
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: <u>Tomie Sue Maxam</u> <u>Tomie Sue Maxam</u> <u>July 25, 2008</u> <u>352-465-7448</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							